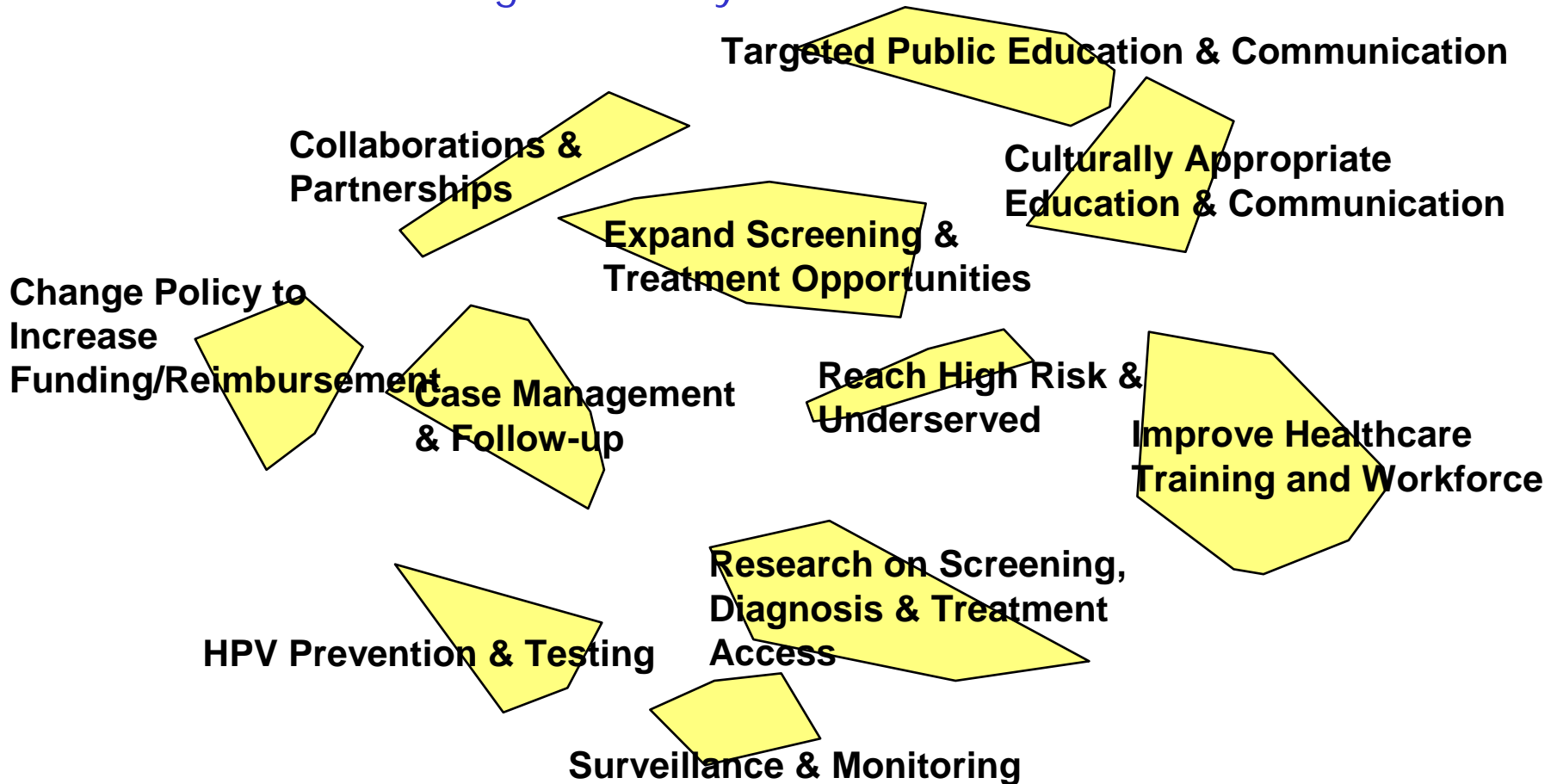


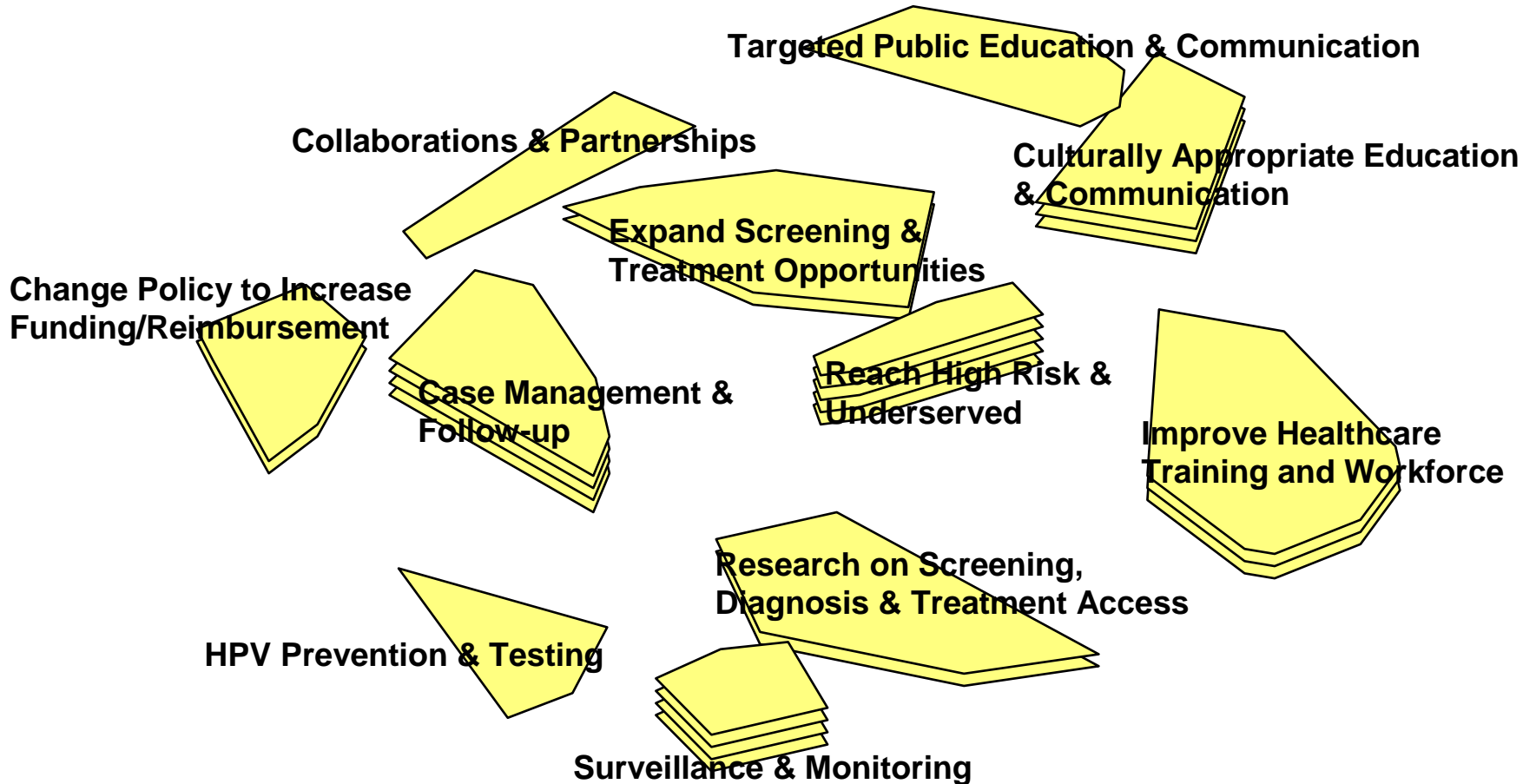
# What Should We Do and What Can We Do?

Pattern Matching of  
Importance & Feasibility Ratings

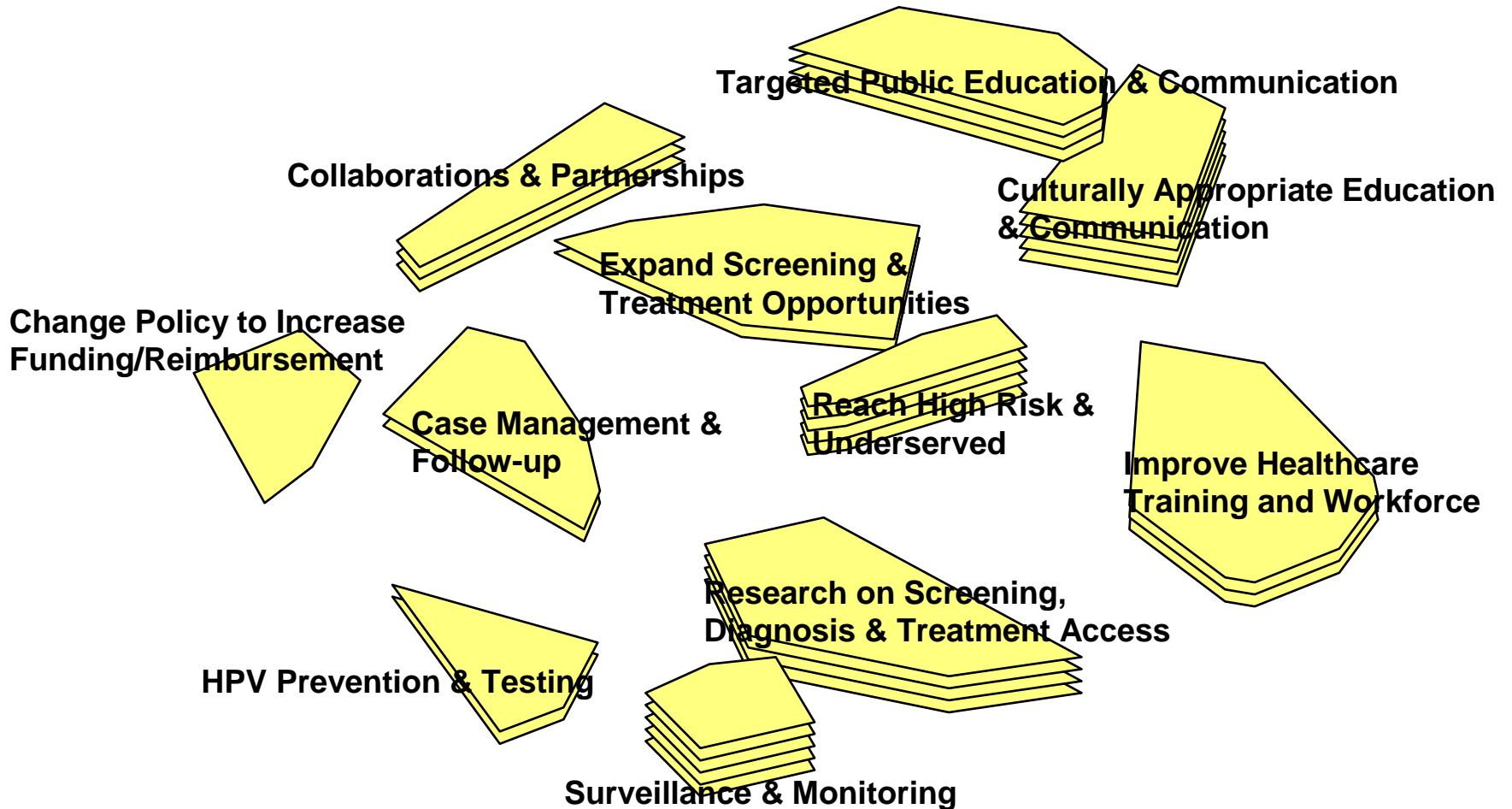
An action we should take in our state or region to reduce cervical cancer mortality and eliminate cervix cancer disparities from our high mortality rate counties is...



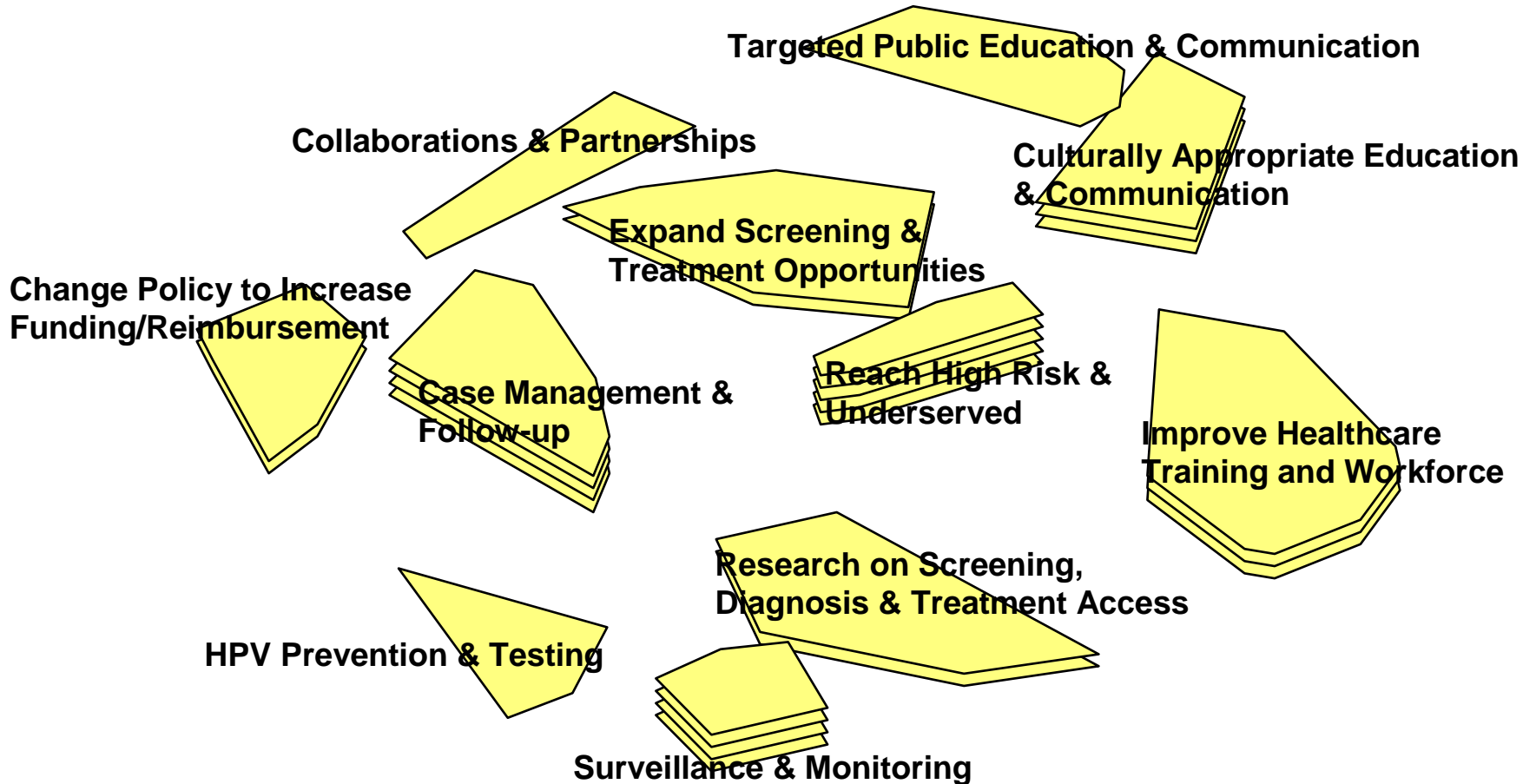
# Importance



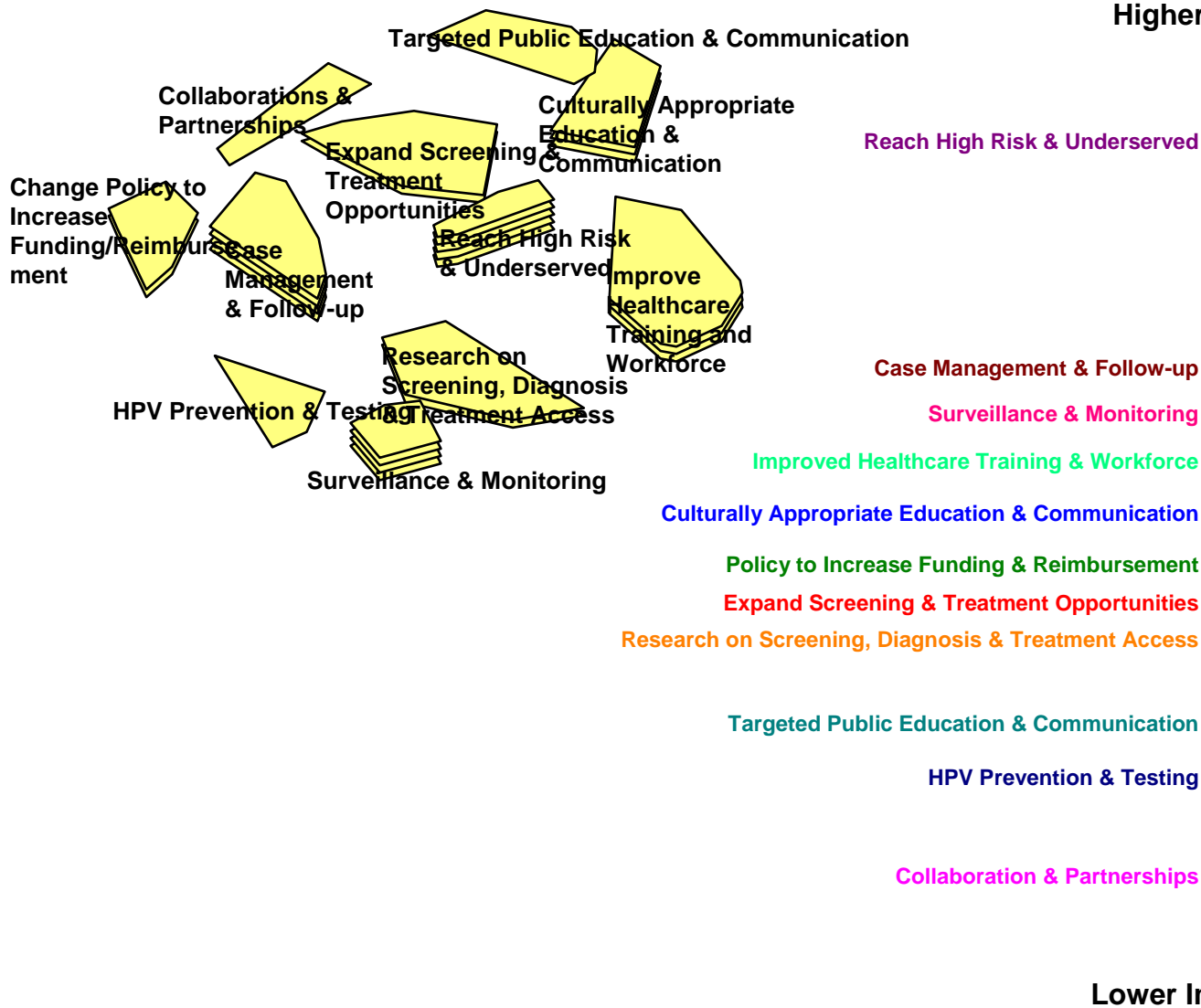
# Feasibility



# Importance

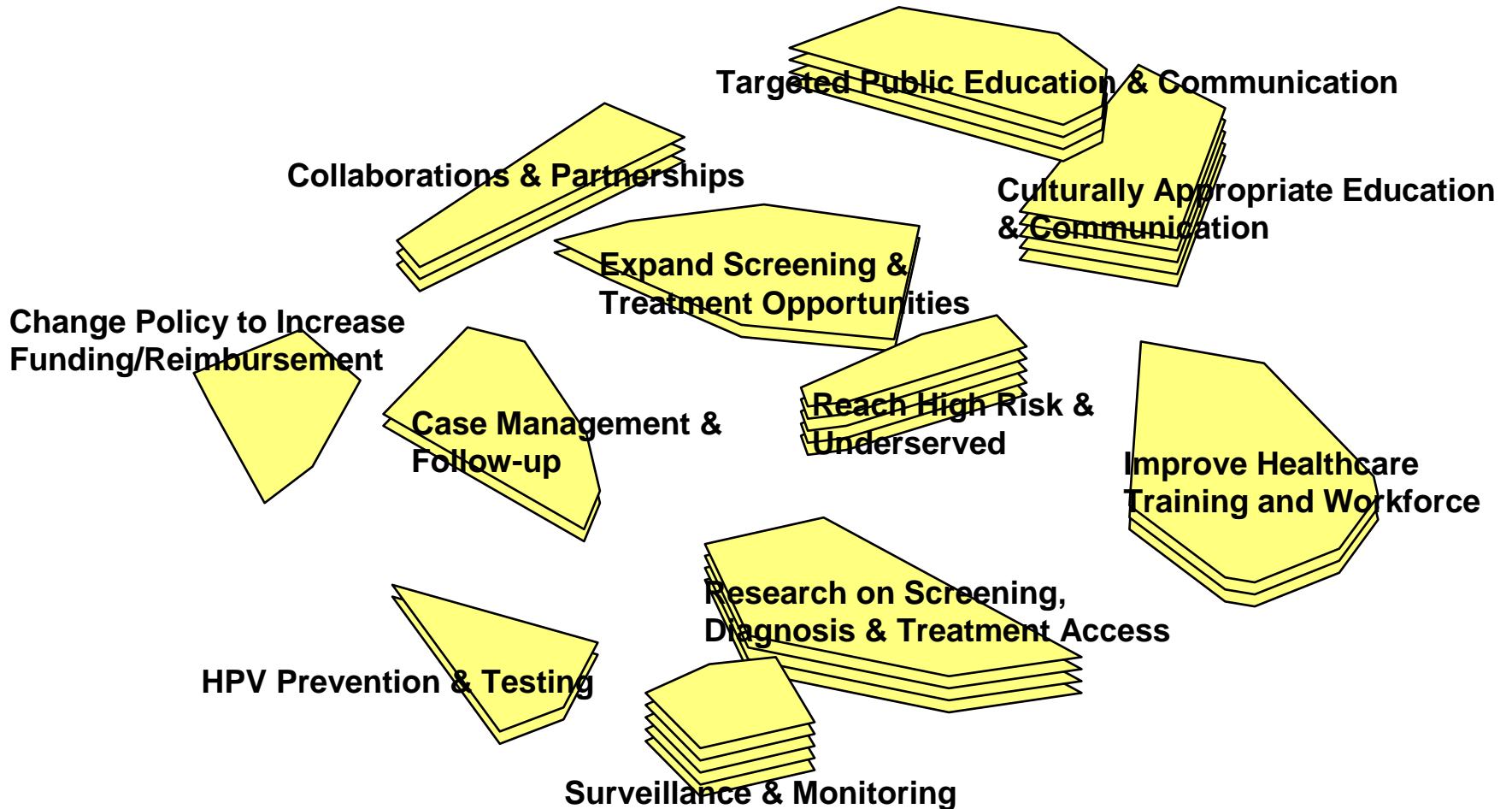


# Importance





# Feasibility



# Feasibility

More Feasible

Culturally Appropriate Education & Communication

Surveillance & Monitoring

Reach High Risk & Underserved

Research on Screening, Diagnosis & Treatment Access

Targeted Public Education & Communication

Improved Healthcare Training & Workforce

Collaboration & Partnerships

Case Management & Follow-up

Expand Screening & Treatment Opportunities

HPV Prevention & Testing

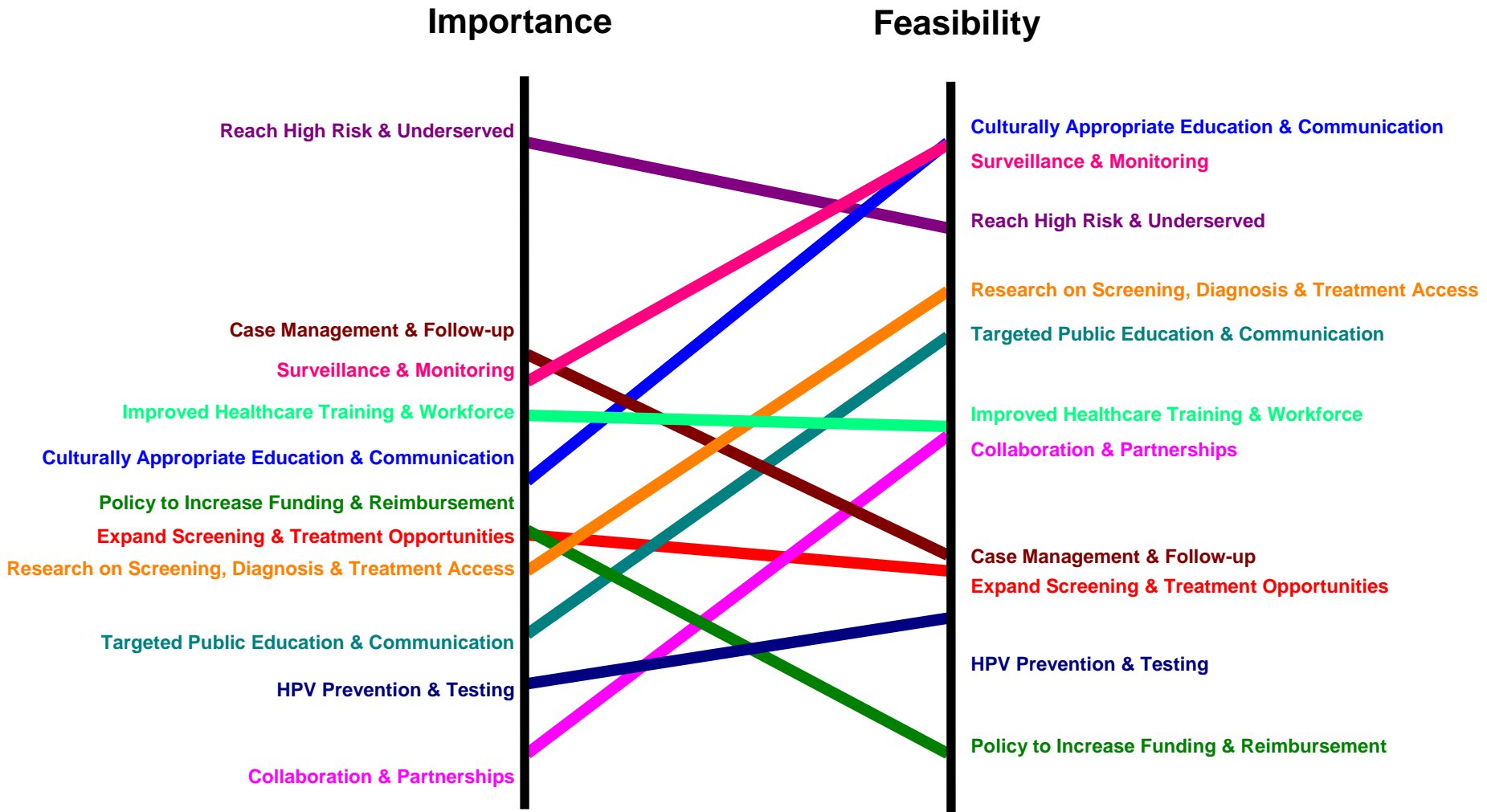
Policy to Increase Funding & Reimbursement



Less Feasible



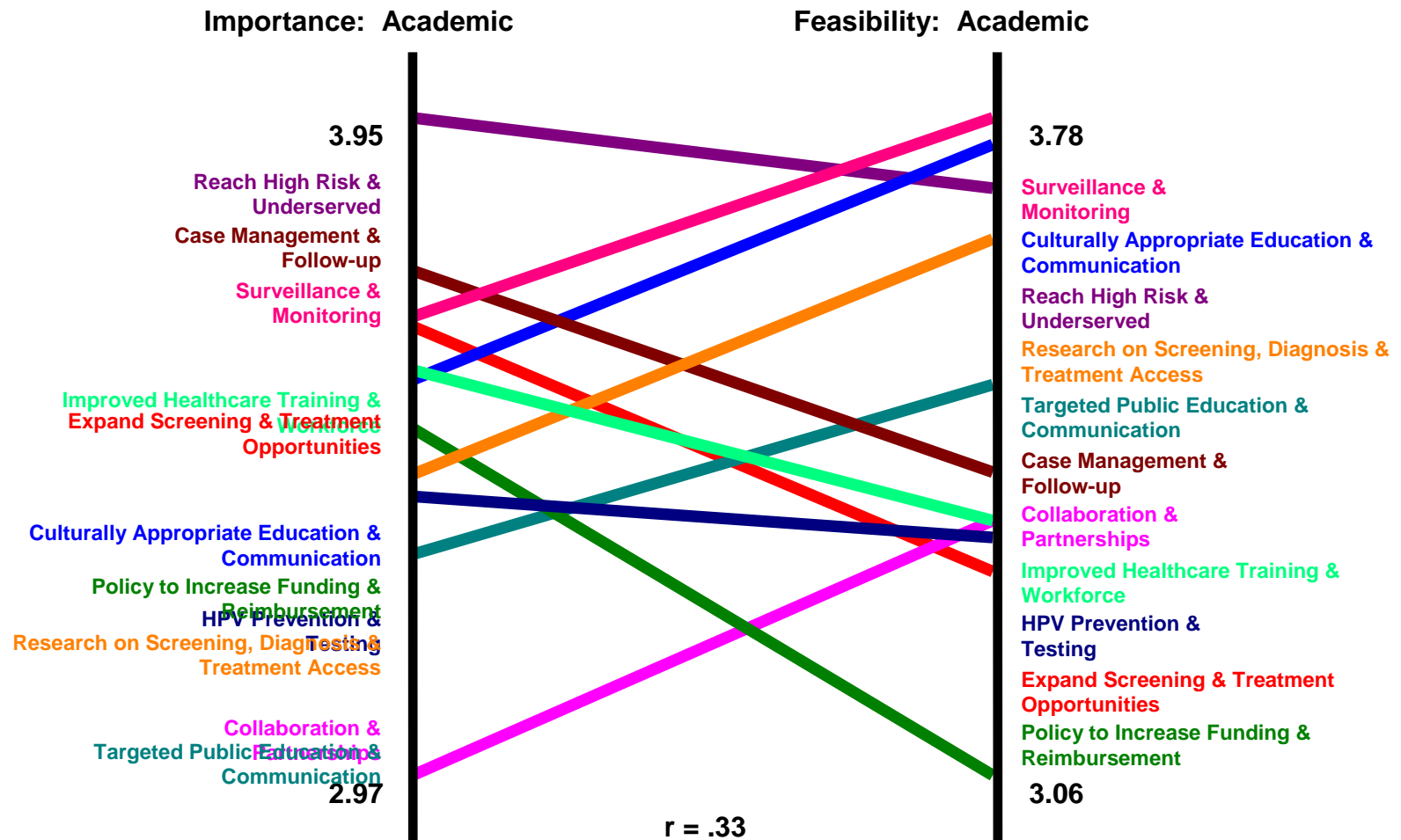
# Importance/Feasibility: All



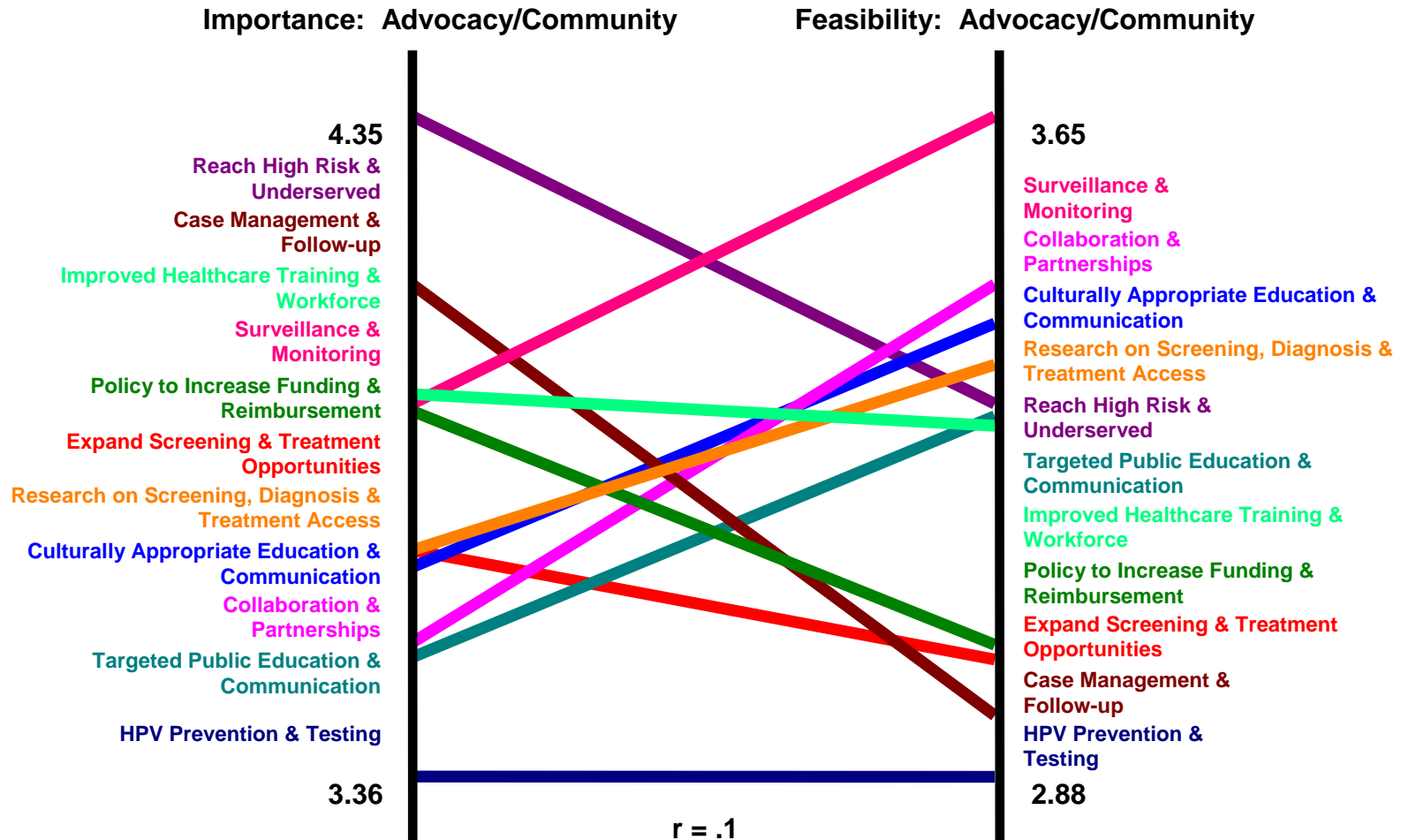
# What We See Depends on Where We Stand



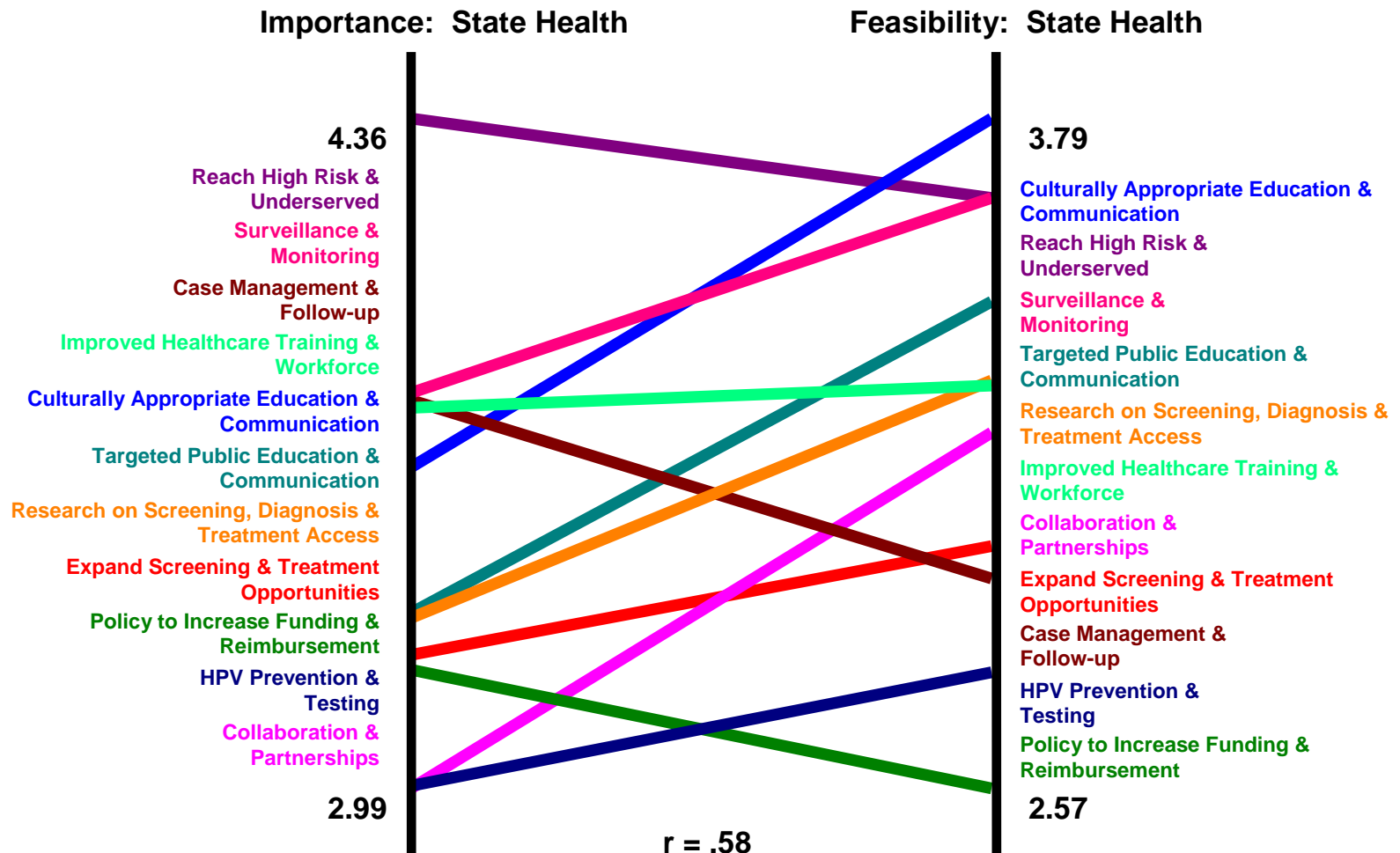
# Importance/Feasibility: Academic Mission



# Importance/Feasibility: Mission = Community-based/Advocacy



# Importance/Feasibility: State Health

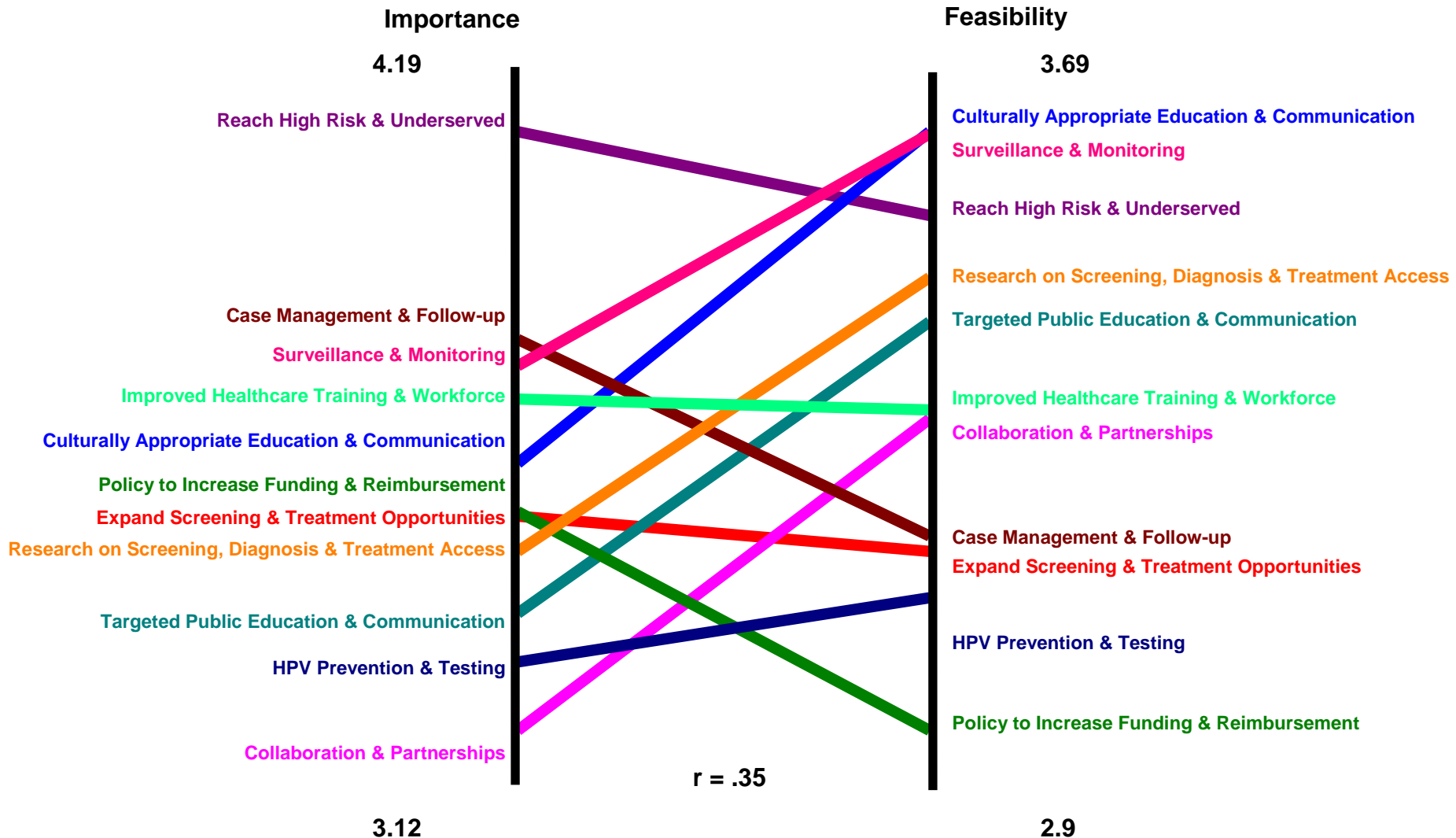


Turn up the power and examine the  
detail





# Turn up the power and examine the detail



# Turn up the power and examine the detail

Importance

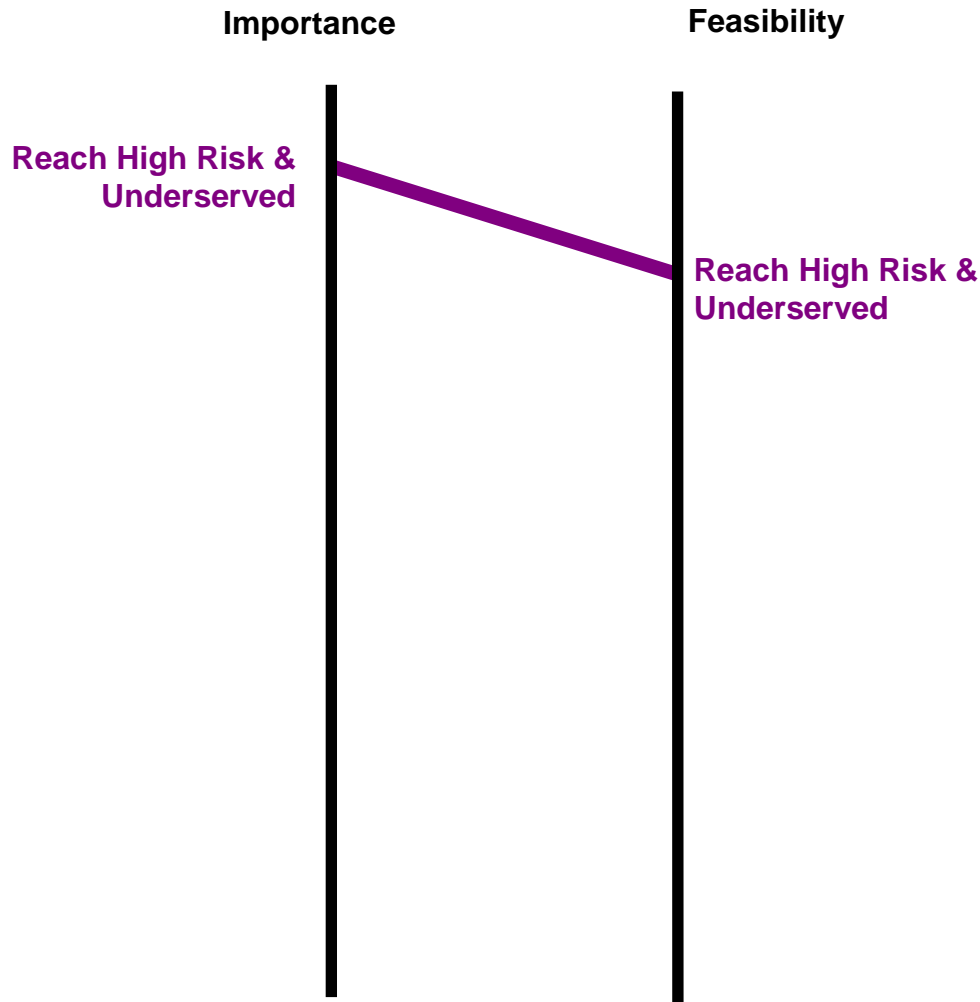
Feasibility

Reach High Risk & Underserved

Reach High Risk & Underserved



# Turn up the power and examine the detail



Identify rarely or never screened women and direct culturally specific efforts to reach those women. (6)

Identify promising ways to increase screening for cervical cancer among hard-to-reach populations. (39)

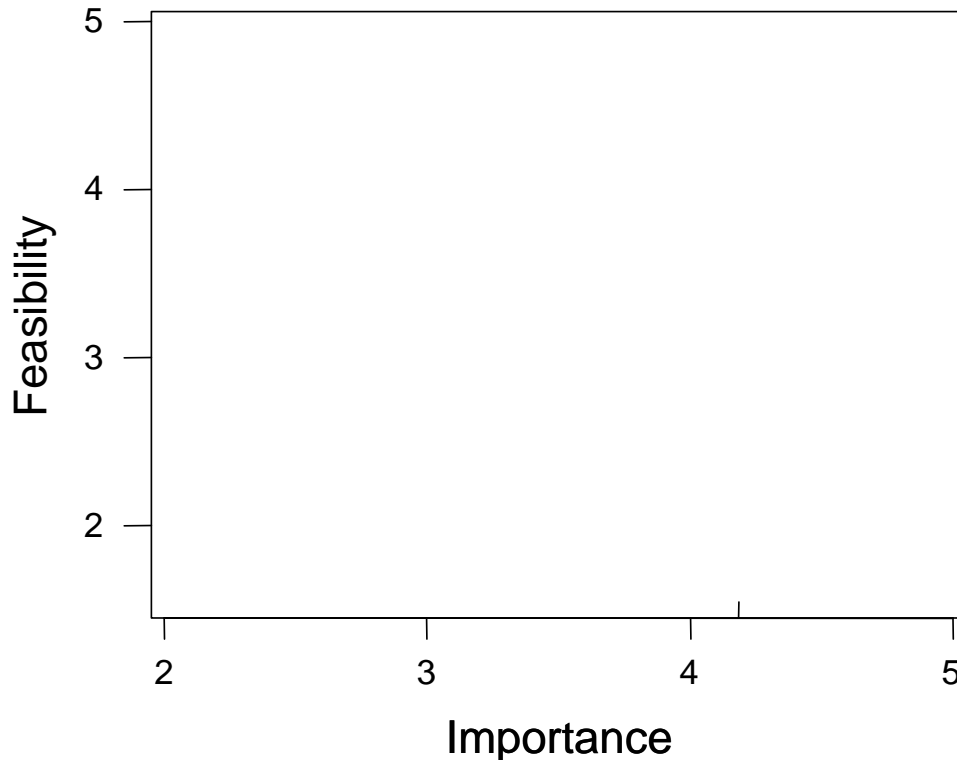
Develop screening interventions of Cervical Cancer among minority populations. at risk, especially Hispanic, African-American, Native American, and Vietnamese (50)

Provide more timely treatment services to women at risk (61)

Integrate cervical cancer screening for older women into other screening programs. (102)

Recommend and improve ANNUAL screening rates for women at high risk. (104)

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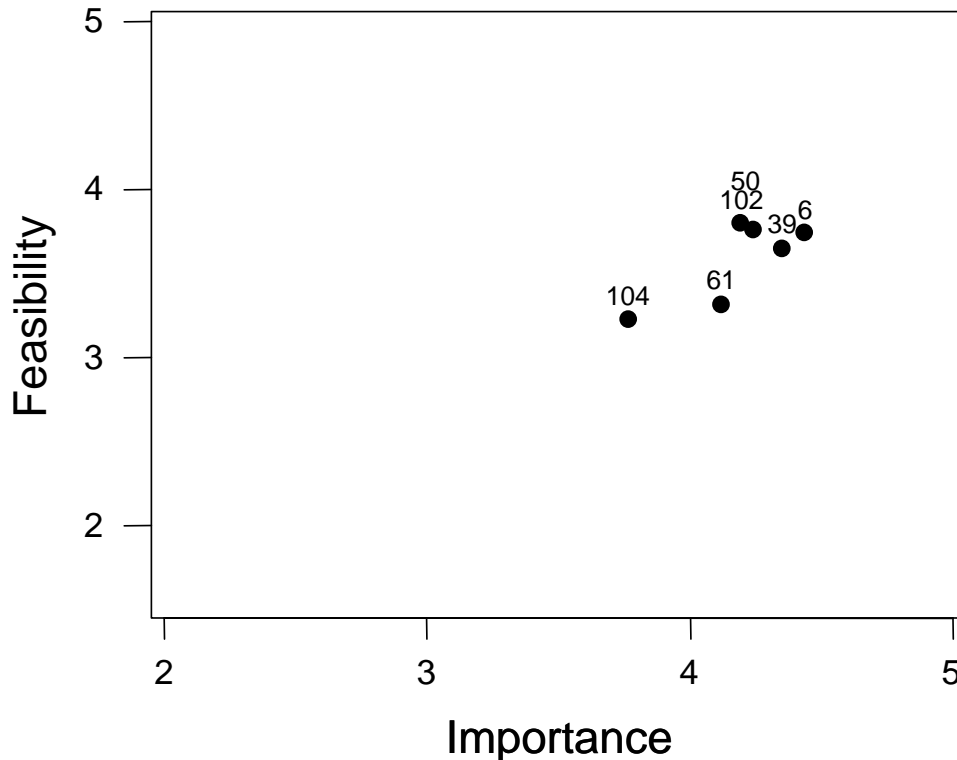
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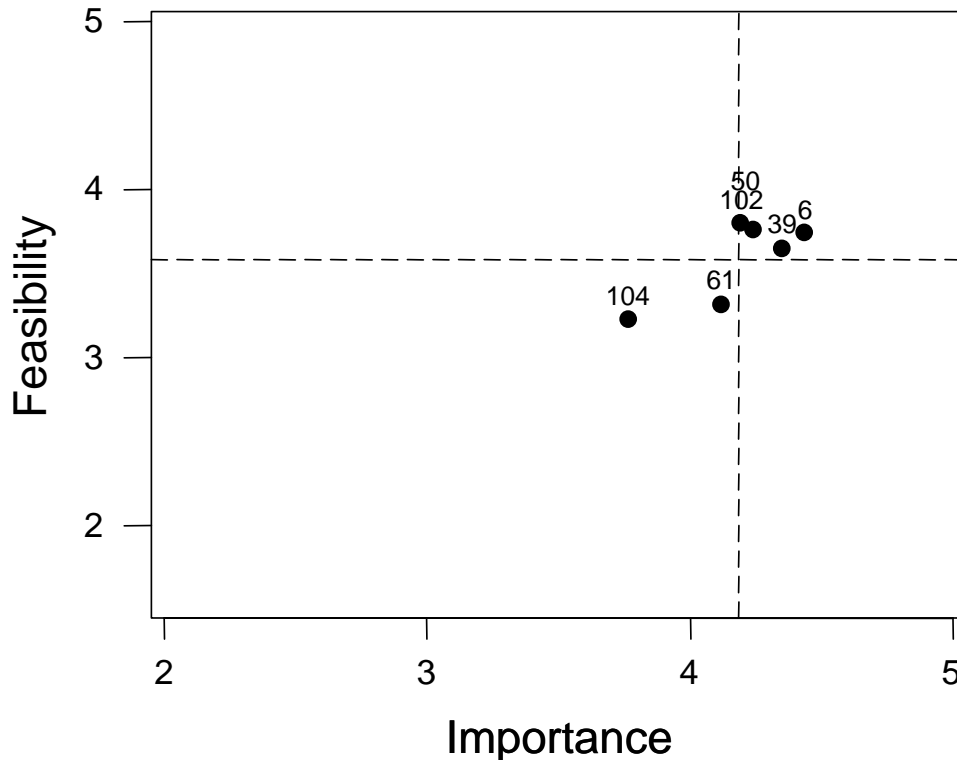
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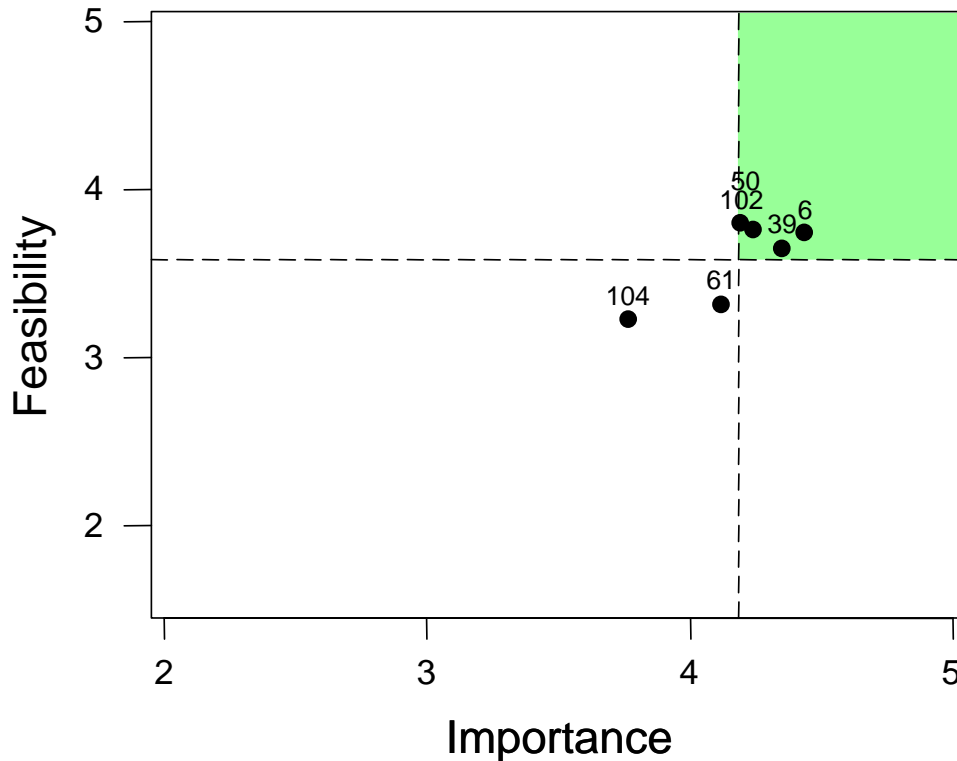
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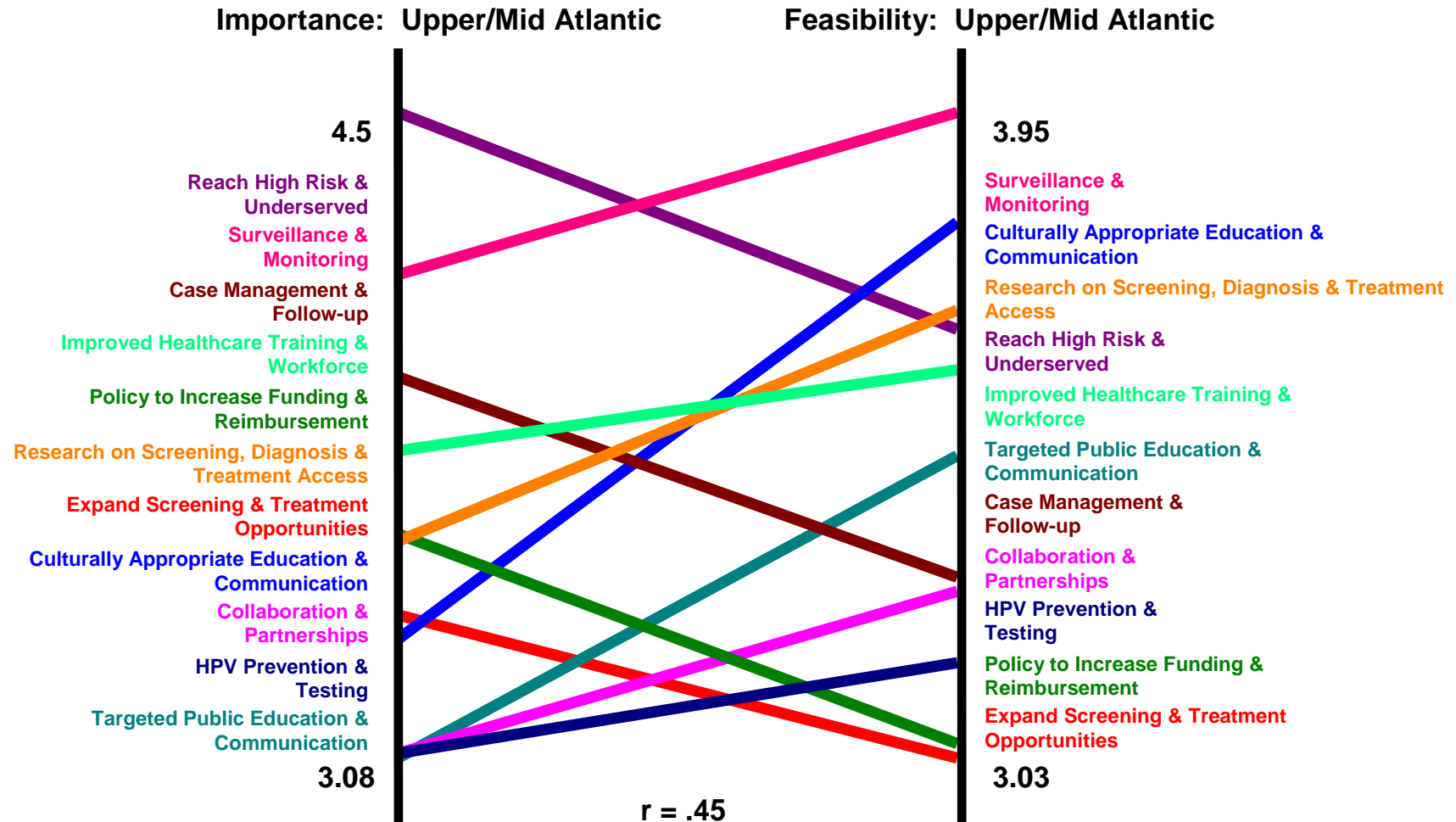
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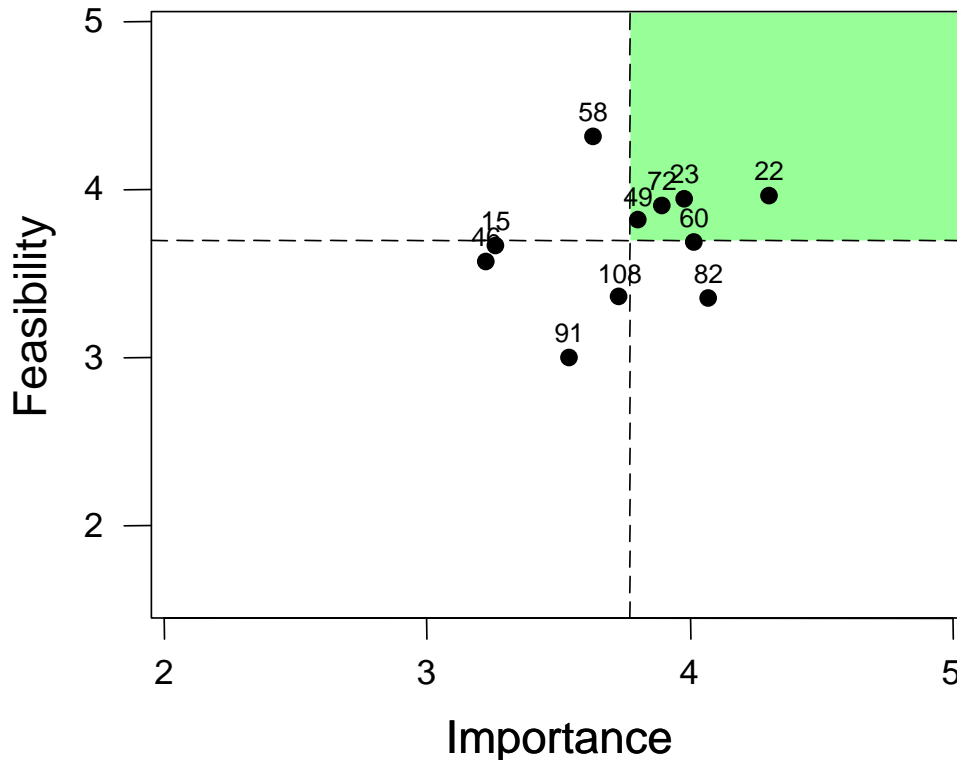
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# Importance/Feasibility: NE/Mid Atlantic DC, MA, MD, ME, NH, NY, VA



# Surveillance & Monitoring



Improve systems to link data from low SES and other populations to cervix incidence and mortality data (15)

**Track access for screening and follow-up in high mortality areas. (22)**

**Identify disparities in access to care for high mortality vs. low mortality counties. (23)**

Use Medicare records to identify prevalence of screening practices. (46)

**Learn more about the screening history, follow-up and treatment of women who have died of cervical cancer (49)**

Research cancer registries for patterns of entry by age, ethnicity, stage, geography, etc. for trends (58)

**Determine why women in low income rural communities are not obtaining screening (60)**

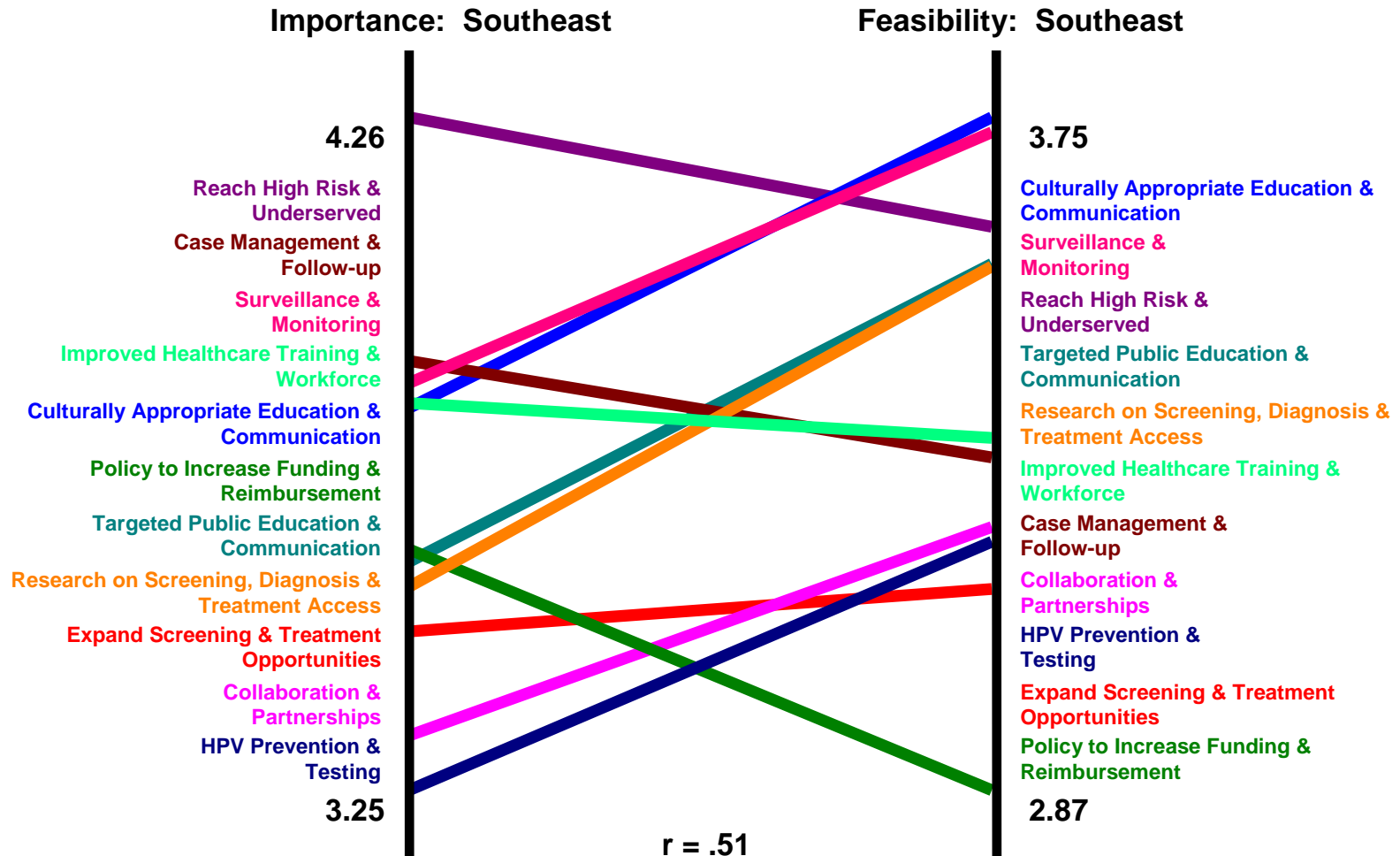
**Rigorously evaluate existing cervical cancer control programs to determine if they are reaching target populations. (72)**

**Obtain reliable local data on who is not getting screened for cervical cancer (82)**

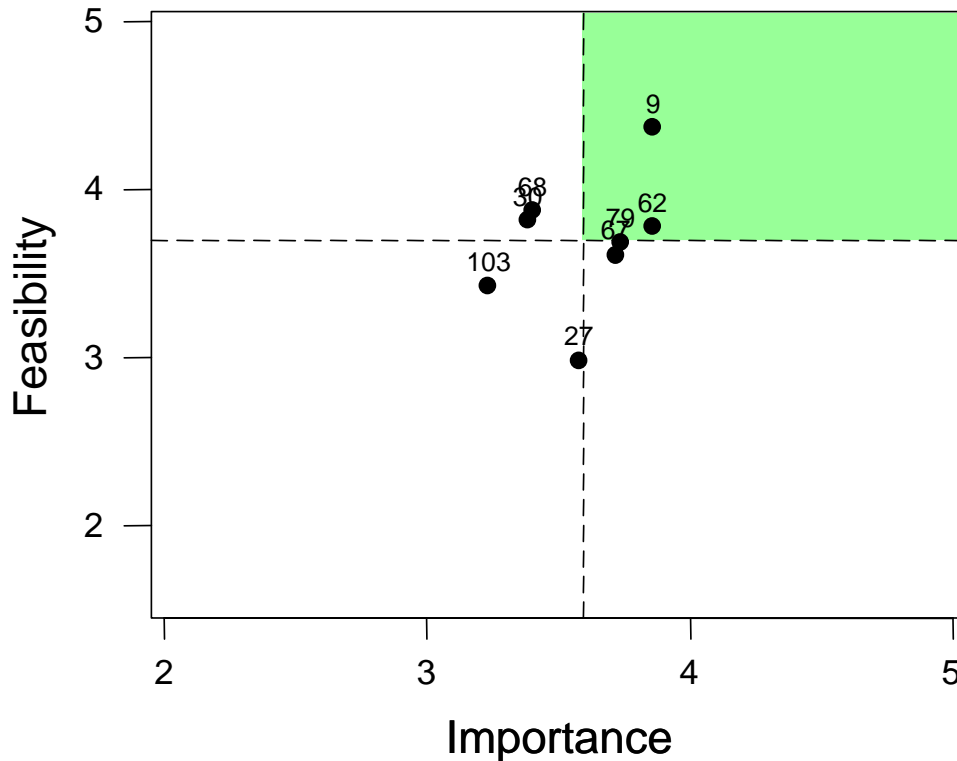
Identify the variation in quality of laboratories reading the smears (91)

Get data on the number of providers in an area, how often a provider recommends Pap tests, how often a provider performs Pap tests, the number of facilities for follow-up, and the wait times (108)

# Importance/Feasibility: Southeast AL, FL, GA, NC, SC



# Culturally Appropriate Education & Communication



Develop bilingual and multilingual educational materials (9)

Develop an extensive network of translation services for less English-proficient populations. (27)

Develop culturally appropriate education for women 40 + on signs and symptoms – not to confuse with menopause. (30)

Train lay leaders in minority communities to provide health education information to members of their group. (62)

Develop interventions that are culturally sensitive to the Hispanic population on the border. (67)

Feature survivors from different races, backgrounds who followed the guidelines for screening in promotional materials (68)

Use lay educators who are survivors in Latino, African American, and Native American communities to promote Pap Smear screening (79)

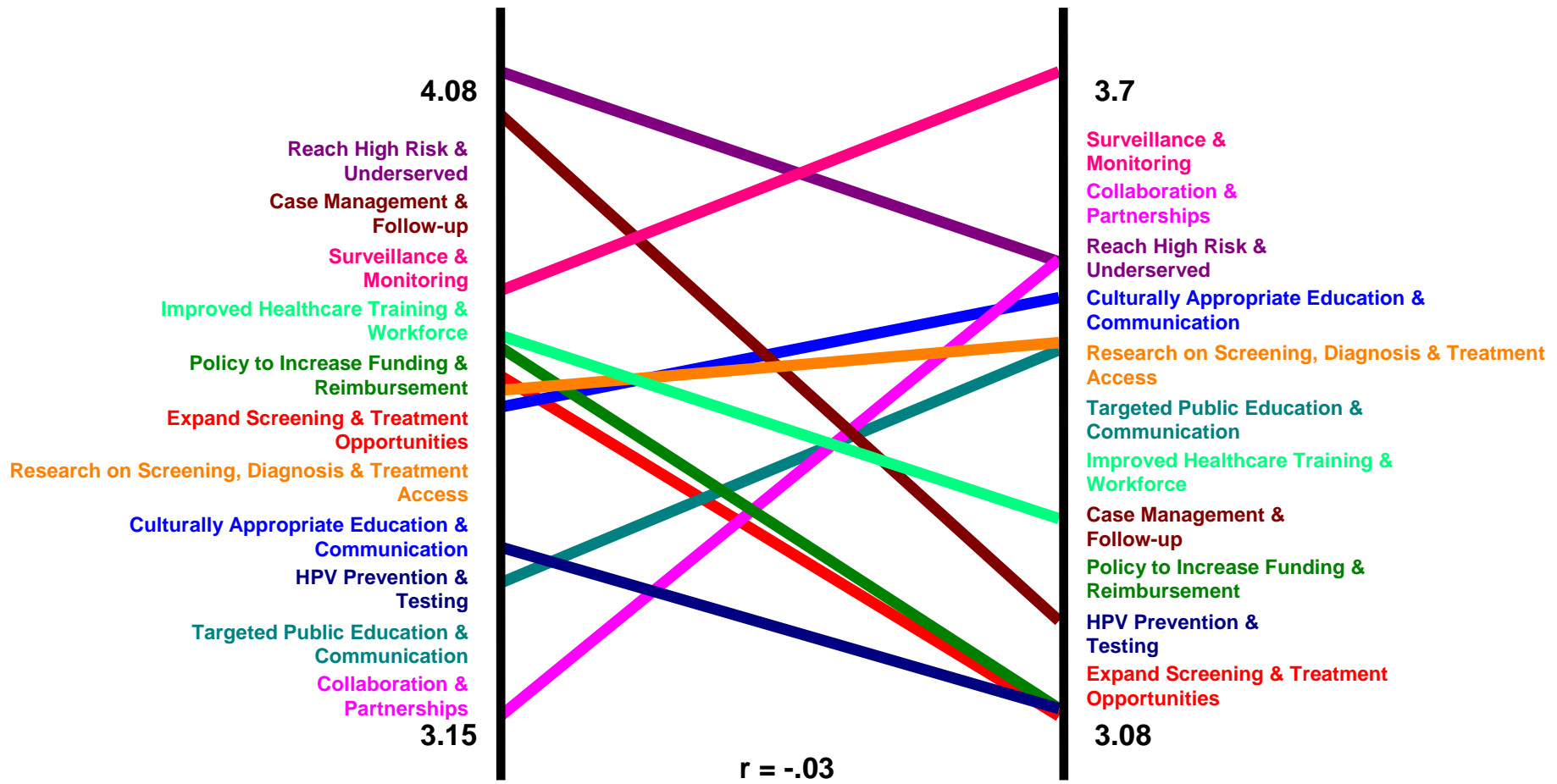
Utilize pharmacies for patient education, especially those with patient assistance programs (103)

# Importance/Feasibility: Appalachia Extended

KY, LA, MS, OH, PA, TN, WV

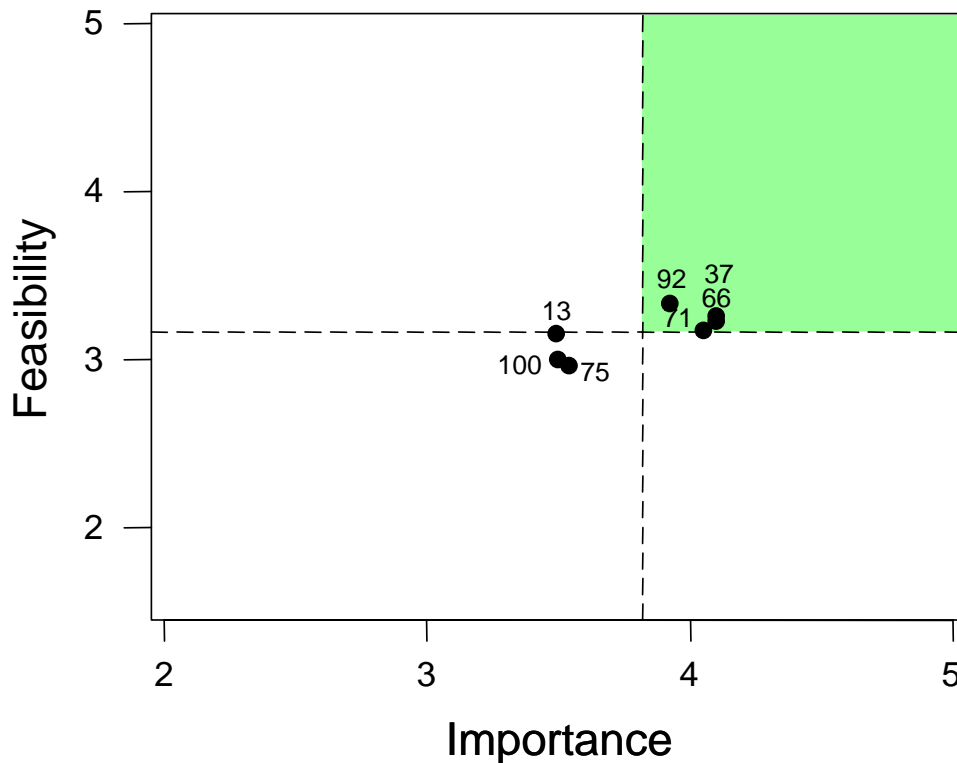
Importance: Appalachia Extended

Feasibility: Appalachia Extended





# Case Management & Follow-up



Expand breast/cervix cancer programs to provide for treatment of combined illness (13)

**Provide case management support for all women with abnormal Pap results (37)**

**Institutionalize routine cancer screenings as requirement for benchmark practice by PPOs (66)**

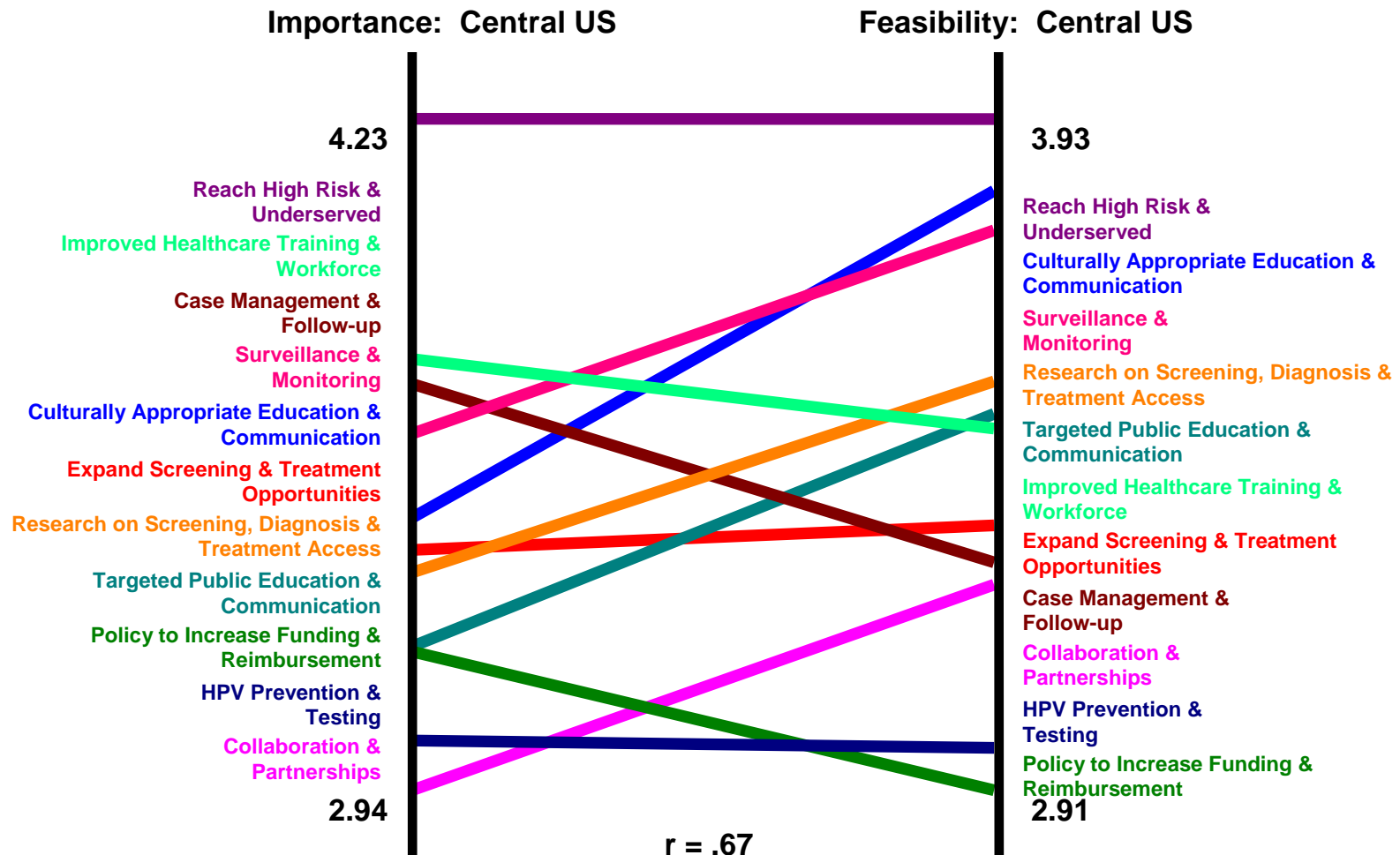
**Provide resources to providers (i.e., Managed Care and Fee for Service) and county health departments to ensure follow-up of women with abnormal results (71)**

Ensure persons eligible for Medicaid receive screening through the National Breast & Cervical Cancer Early Detection Program (75)

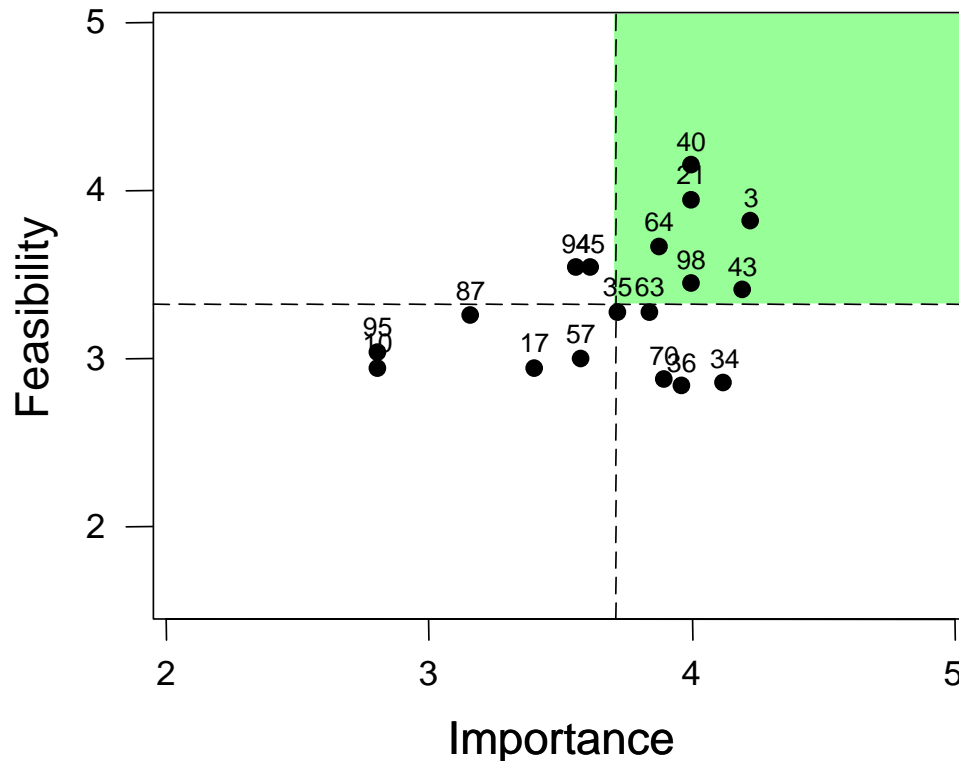
**Establish follow-up of abnormal Pap tests as a quality monitor (HEDIS indicator) for health plans. (92)**

Implement policies that support in-reach interventions in clinics, emergency departments and hospitals (100)

# Importance/Feasibility: Central US AR, IL, IN, KS, MI, MN, MO, NE, OK



# Improved Healthcare Training & Workforce



Encourage physicians to review screening history and advise about screening at each visit by a woman, including Medicare beneficiaries (3)

Utilize professional incentives to encourage more health providers in cancer control. (10)

Encourage/mandate primary care providers and OB GYN physicians to screen and educate for HPV. (17)

Train nurses and Physician Assistants to perform Pap tests and clinical follow-up (21)

Ensure culturally-competent care in primary, secondary and tertiary prevention and treatment of cervical cancer among at-risk (34)

Increase the number of nurses, physician assistants and physicians who are trained to do colposcopy (35)

Ensure cultural competence among health care providers (36)

Develop clear guidelines for providers on evaluation and management of abnormal screening results. (40)

Train providers to provide better communication about the process of diagnostic follow-up and treatment when an abnormal pap does occur. (43)

Train patient navigators. (45)

Have WOMEN providers doing the exams - in some cultures, that's the better way (57)

Encourage providers who are not women's health specialists to perform cervical cancer screening according to guidelines (63)

Improve follow up and reminder systems to enable MDs to recommend Pap tests (64)

Train more OB/Gyns and FPs who are members of minority communities. (70)

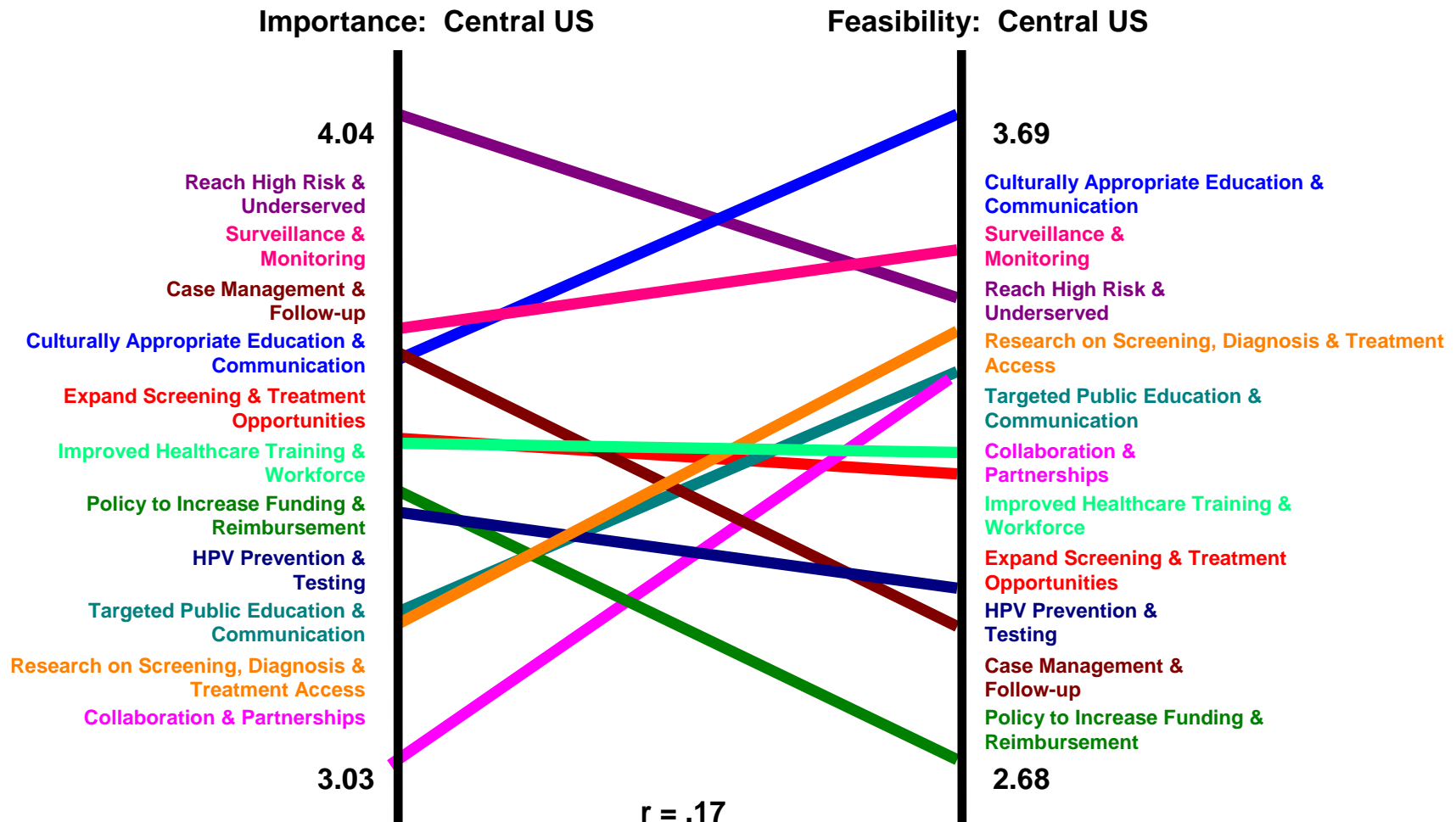
Increase patient & provider knowledge of research activities and opportunities for participation in clinical trials (87)

Define clinical competencies in cervical cancer screening for Physicians, Nurse Practitioners and Physician Assistants (94)

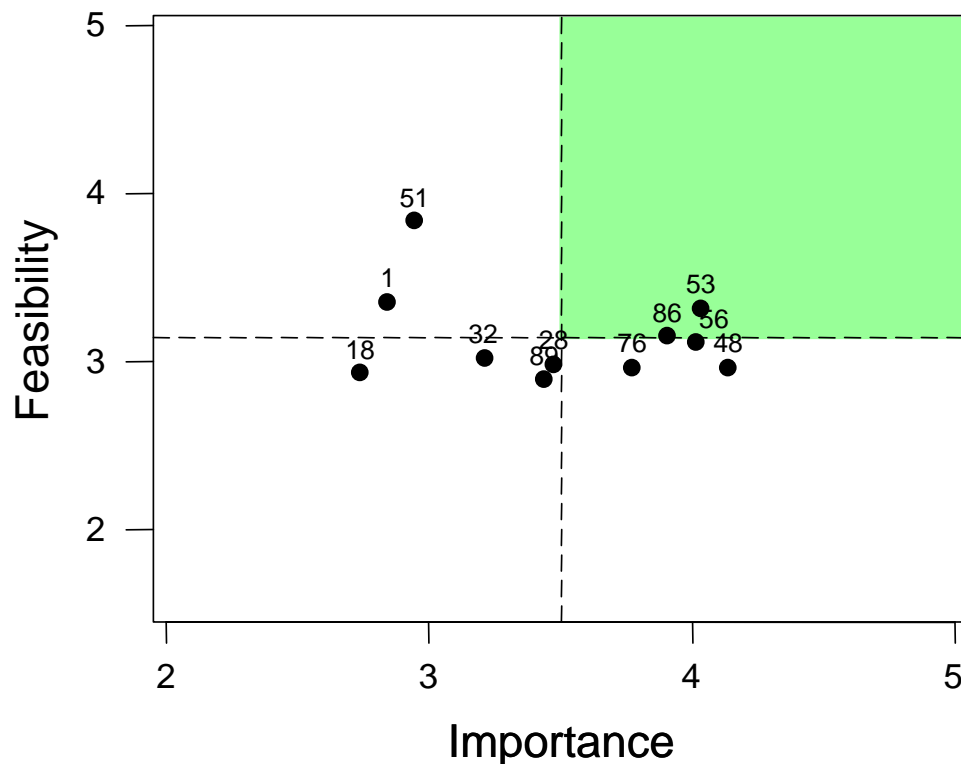
Involve other health providers (alternative & complementary medicine, chiropractors, dieticians) in education, treatment and research (95)

Implement cervical screening reminder systems conducted by administrative staff in physician offices. (98)

# Importance/Feasibility: West/Southwest AZ, CA, CO, NM, OR, TX, WA



# Expand Screening & Treatment Opportunities



Strengthen workplace health programs that promote risk awareness and appropriate screening. (1)

Promote Pap test screening at worksites (18)

Offer incentives to screening programs to use a greater share of their resources in high mortality counties. (28)

Offer women incentives to be screened (32)

Provide outreach clinics to rural counties with limited or no county health department. (48)

Develop clear materials/information on the costs of cervical cancer screening vs. cancer treatment (51)

Promote availability of Pap test screening during evening and weekend hours. (53)

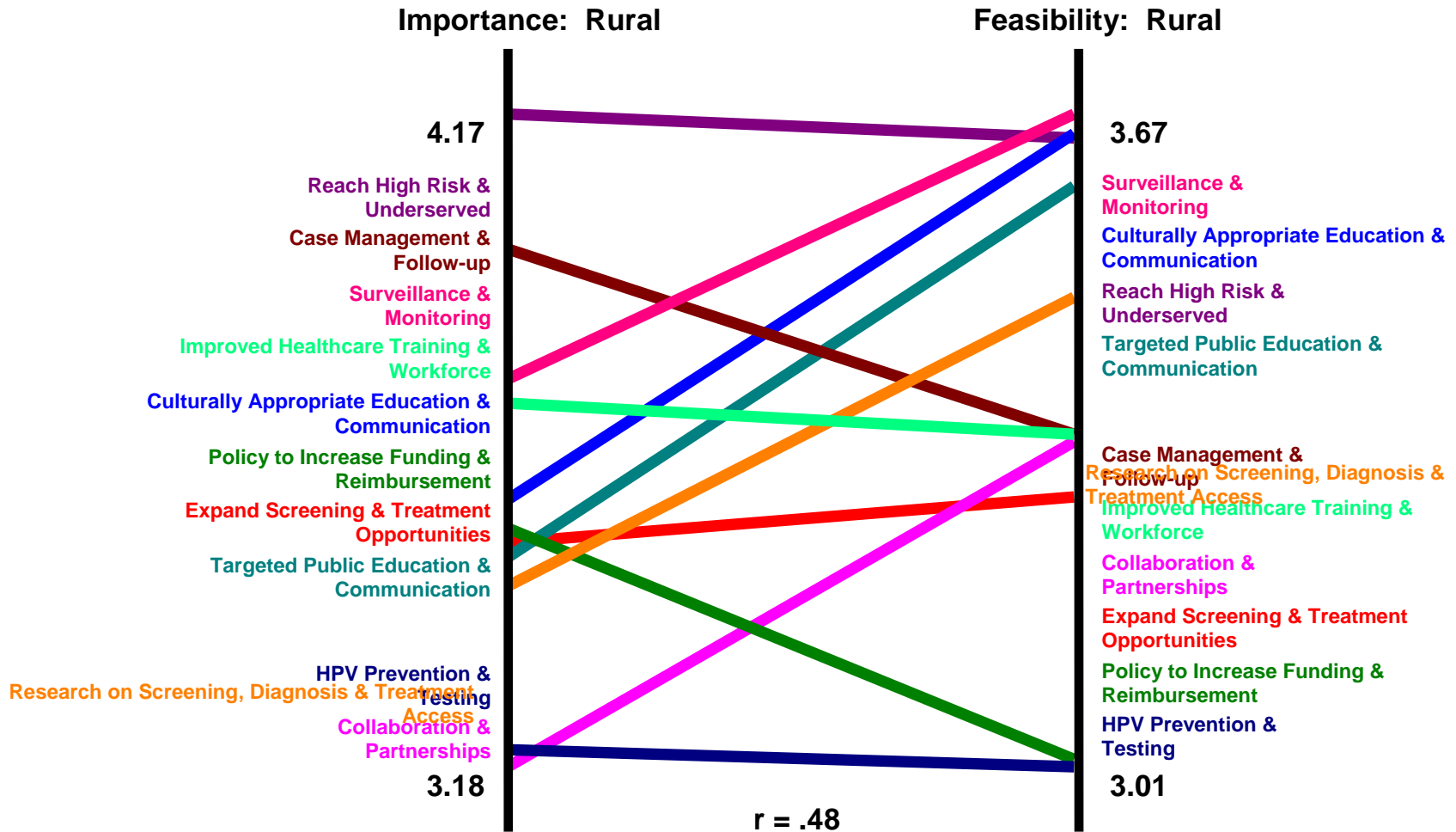
Offer free vouchers for screening to groups with limited access to care, such as migrant health workers and the poor (56)

Provide transportation, childcare, and other services to women so they will get to a clinic for care and follow-up (76)

Provide resources for local care or transportation to women to obtain quality treatment for cancer. (86)

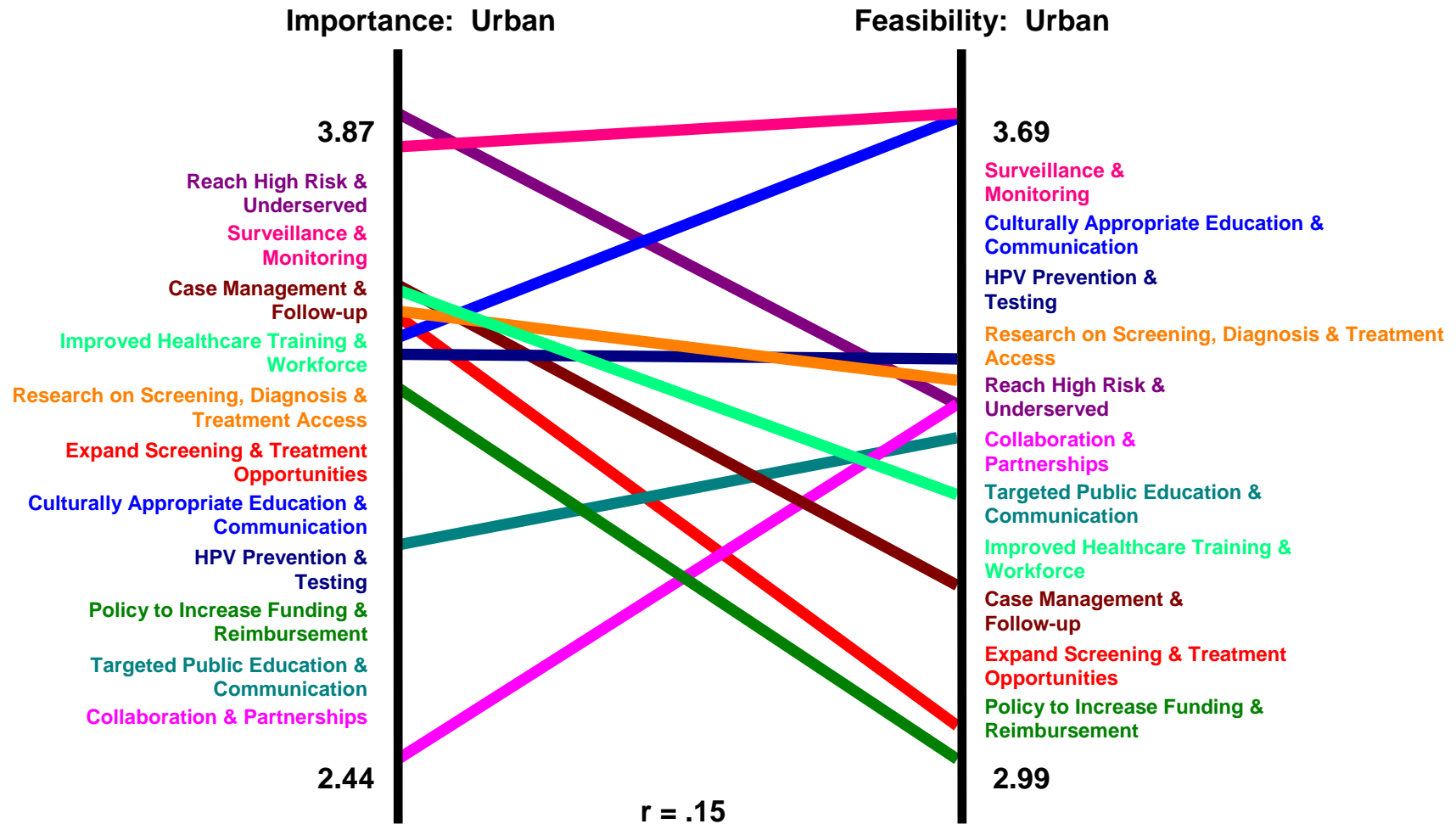
Implement a program on wheels (e.g., van) that can go to grocery stores, churches, other non-clinical places women go to in rural communities (89)

# Importance/Feasibility: Rural

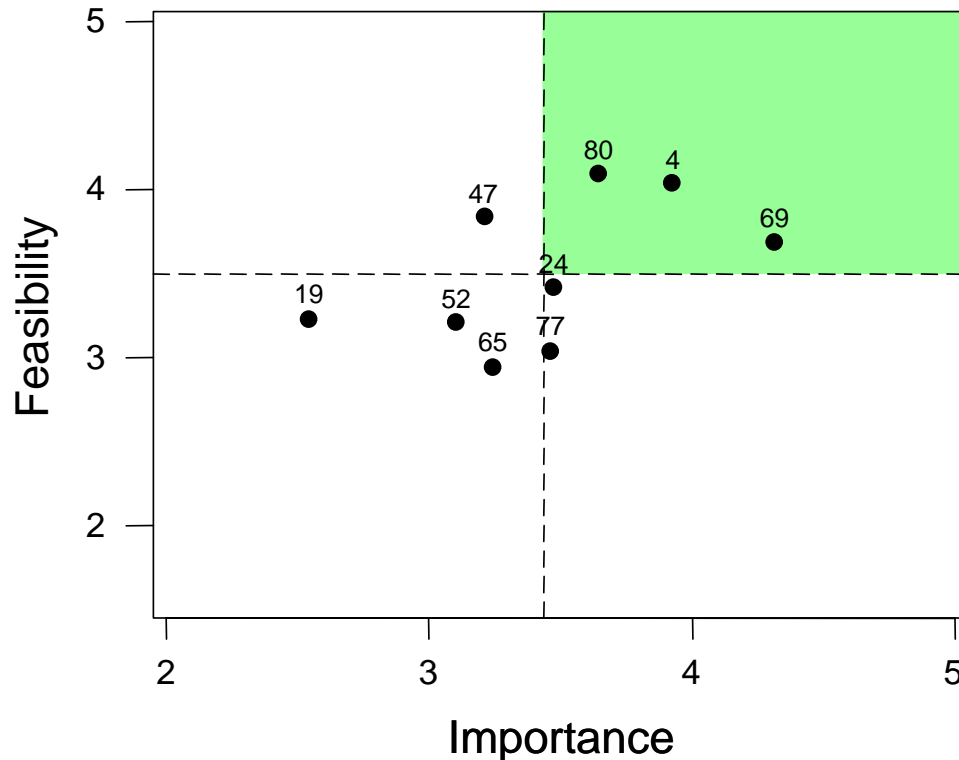




# Importance/Feasibility: Urban



# Research on Screening, Diagnosis & Treatment Access



**Assess target groups' attitudes, beliefs and values about screening and treatment (4)**

A request by the American College of Surgeons liaison to physicians for a Patient Care Evaluation (PCE) study on cervical cancer. (19)

**Monitor Medicaid managed care providers on cervical cancer screening and treatment (24)**

Ask health care providers what they perceive as deficits in cancer care and screening. (47)

Assess health care professionals expertise and willingness to counsel patients on prevention esp. STD transmissions (52)

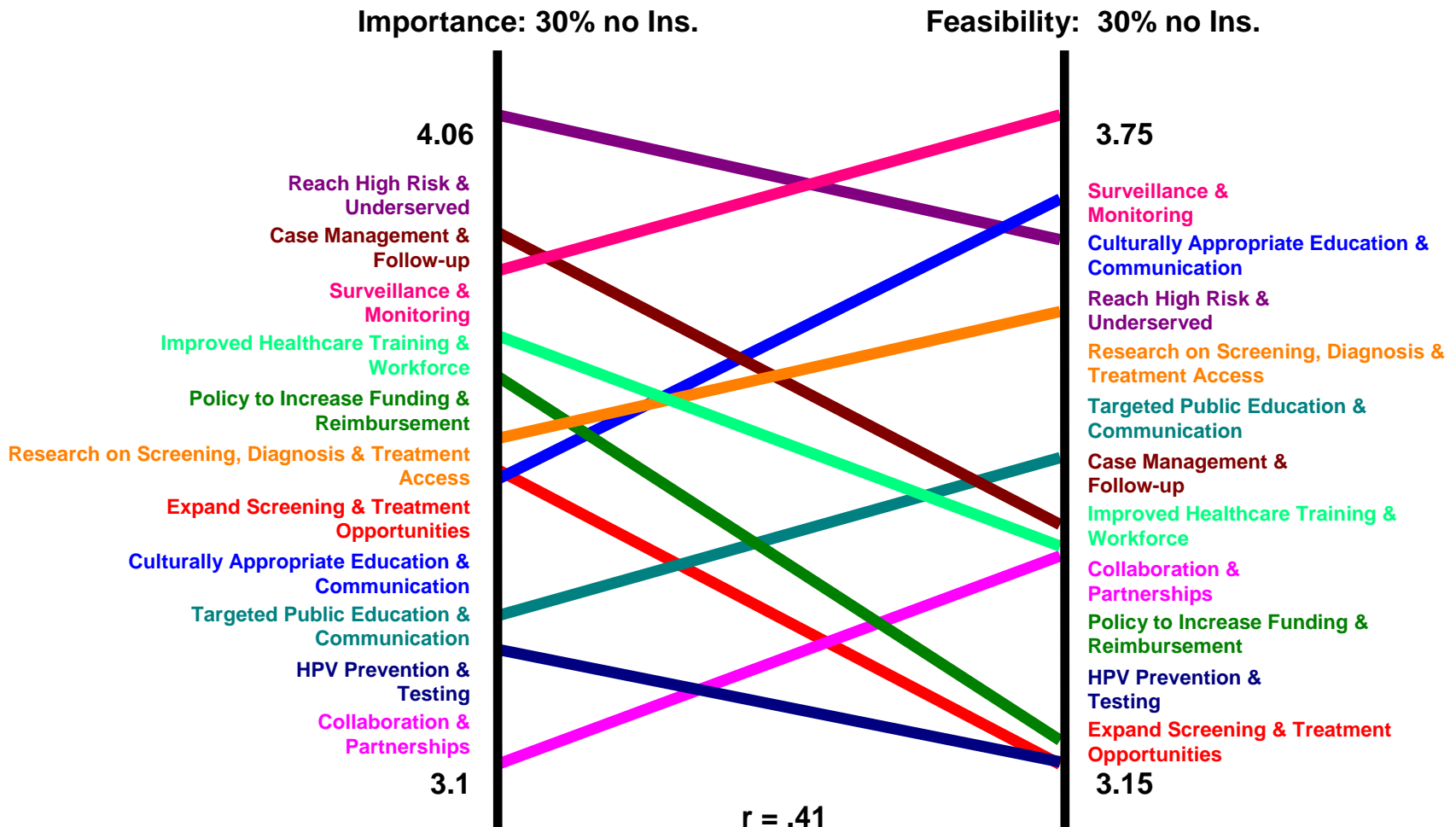
Assess the introduction of other types of screening tests, (e.g. Thin Prep, at-home), into high-risk populations (65)

**Improve tracking/follow-up systems to ensure women receive appropriate diagnostic and treatment services. (69)**

Test management of the abnormal Pap Smear that can be done in a single visit on a larger scale. (77)

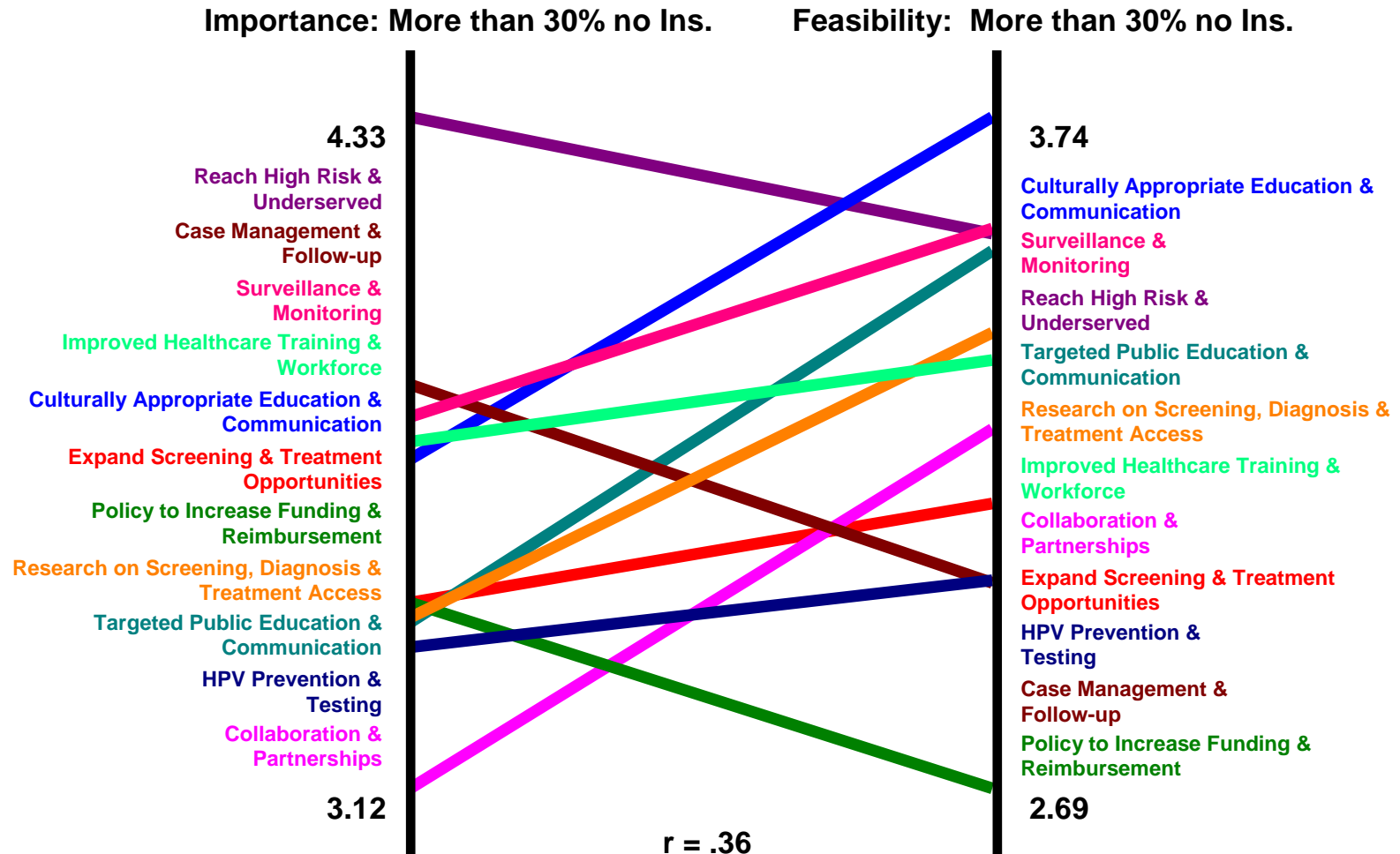
**Determine the availability of screening and treatment facilities available to women (80)**

# Importance/Feasibility: Serving $\leq 30\%$ with No Insurance

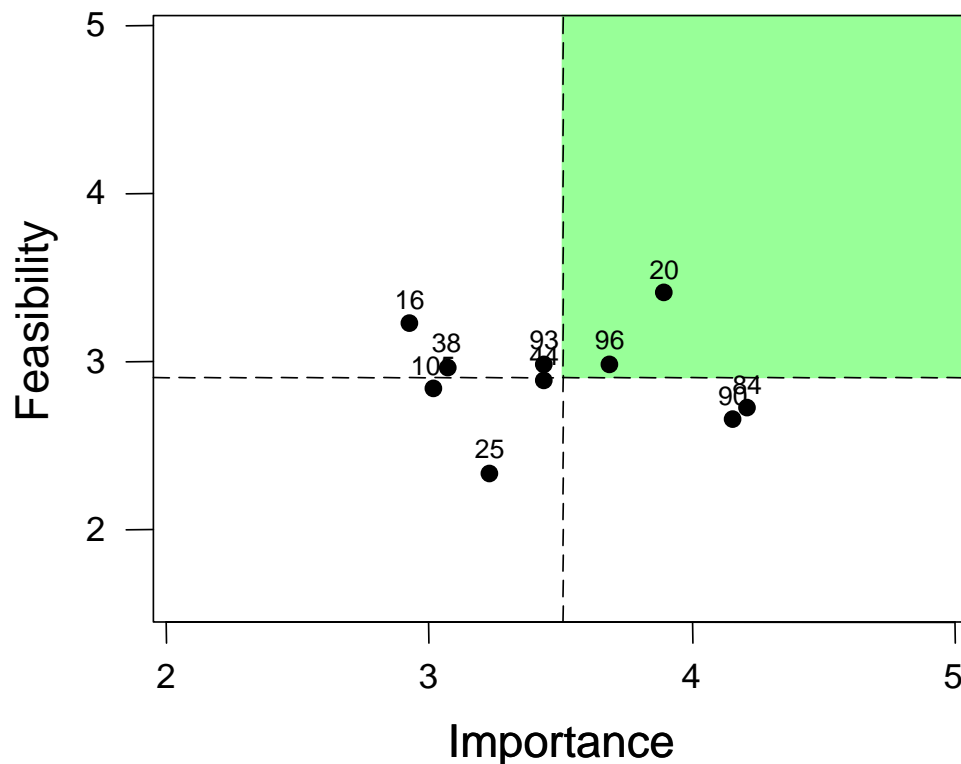


# Importance/Feasibility.

## Serving More than 30% with No Insurance



# Policy to Increase Funding & Reimbursement



Have National Breast & Cervical Cancer Early Detection Program revisit its policy regarding screening intervals (i.e. every 3 years if consecutive, normal Paps) (16)

**Develop a sense of urgency to policy makers about this disease - no woman should die from cervical cancer, if detected early (20)**

Reimburse cervical cancer screening at higher rates (25)

Lobby for increased funding/staff for the National Cancer Institutes (NCI) special population networks. (38)

**Develop a process to identify and acquire funding from public & private sources for patient treatment and education. (44)**

Provide Medicaid coverage for a minimum of a year for all uninsured women with invasive cancer. (84)

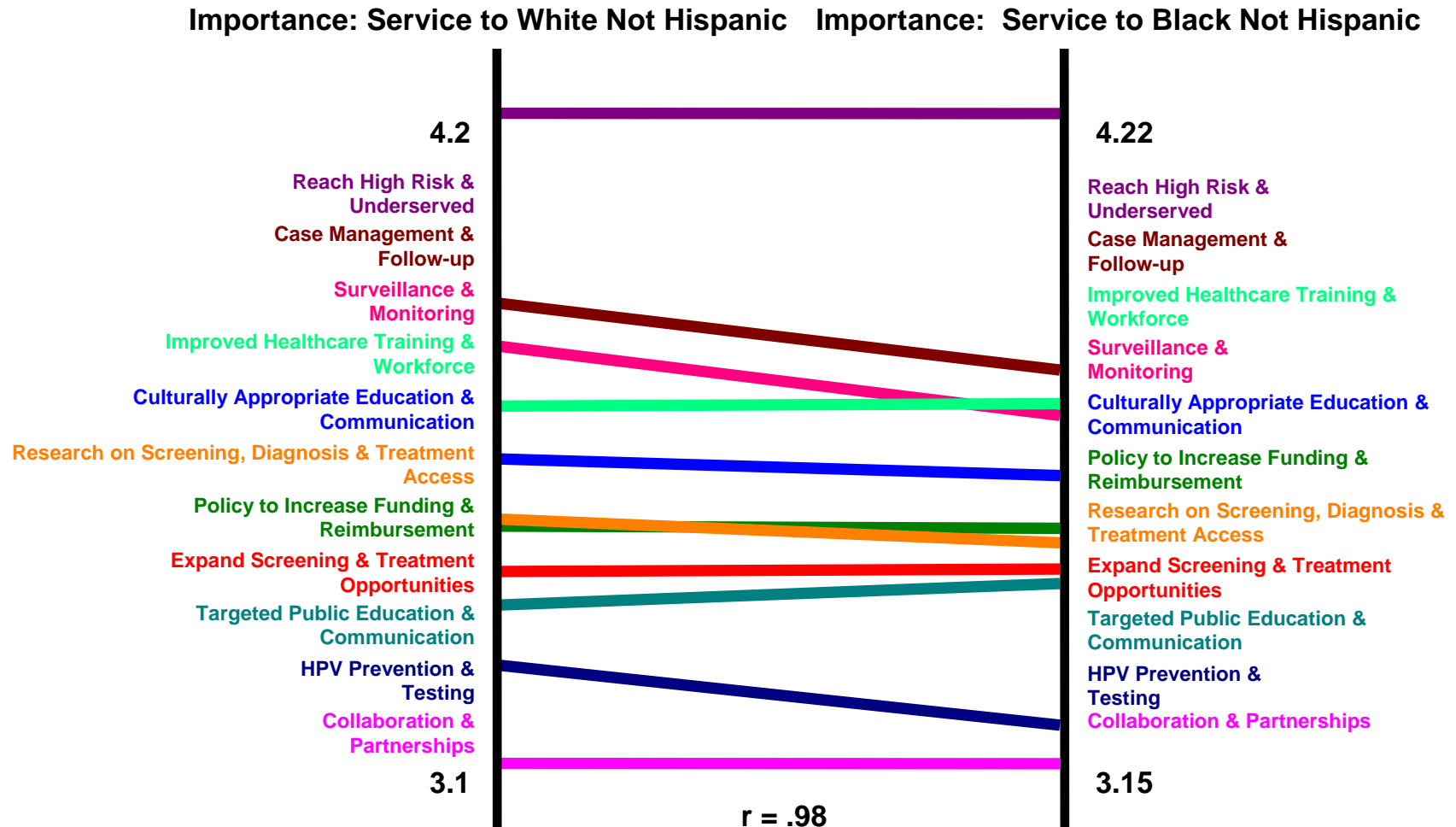
Fully fund the CDC Breast and Cervical Cancer Early Detection Programs (90)

**Advocate in the legislative arena to ensure that system changes are for the benefit and in the interest of patients. (93)**

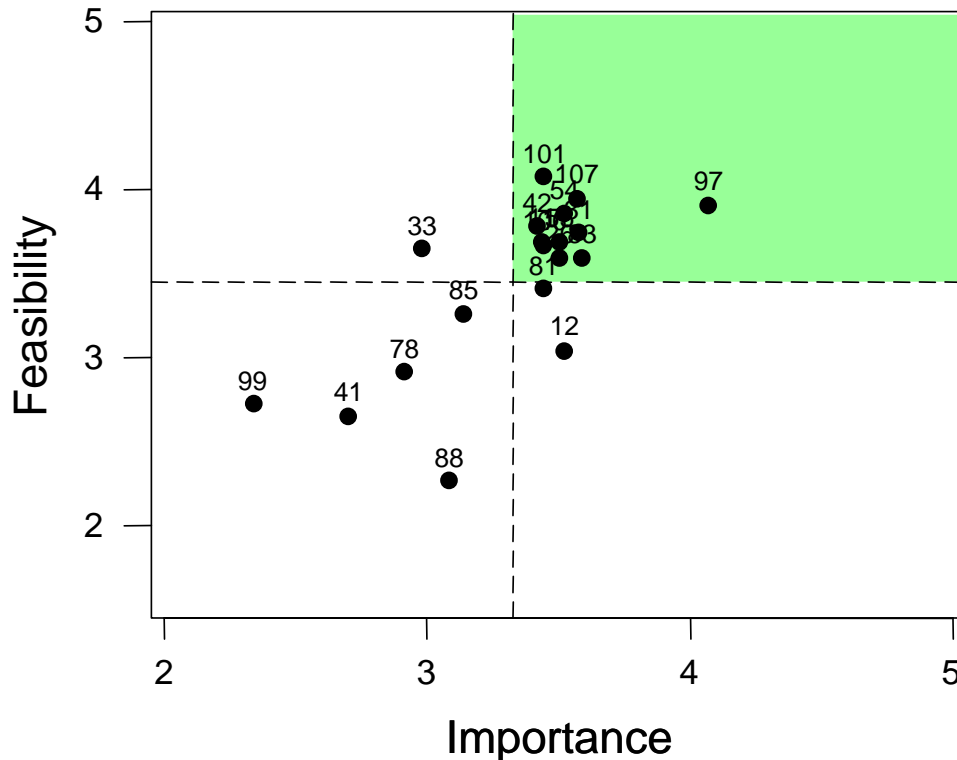
**Address insurance coverage issues such as restricted number of visits & continuity of care. (96)**

Assess the impact of immigration laws on access to cervical cancer services (105)

# Importance: Primary or Secondary Client Base is Whites or Blacks



# Targeted Public Education & Communication



Provide effective intervention models and materials from studies to health departments for distribution. (11)

Focus educational interventions regarding HPV and safe sexual practices on adolescents (12)

Distribute county-specific educational information that includes information about the availability of screening (26)

Address the risk factors (i.e., smoking, sexual activity ) through campaigns and Public Health Education (31)

Involve Cooperative Extension programs in all public education/awareness initiatives. (33)

Direct an educational campaign at men, focusing on HPV and its role, and thus role of men, in cervical cancer (41)

Use community gatherings (e.g., mantanzas, feast days, ceremonial dances) as opportunities to teach women about regular PAPs (42)

Reinforce screening message via mass media campaigns (54)

Work with other health education initiatives and non-traditional partners to educate about cervical cancer issues. (55)

Train high school girls from target ethnic groups/regions to encourage peers to obtain Pap smears. (78)

Get more involvement of faith community in screening and follow-up (81)

Promote the dissemination of information through rural community educators regarding the "why," of annual Pap tests (83)

Implement a public health campaign to reduce cervical cancer stigma (85)

Integrate age appropriate informational programs into all curricula in school health programs for middle schools and up. (88)

Women with STD's should receive education on cervical cancer. (97)

Provide abstinence courses for teens (99)

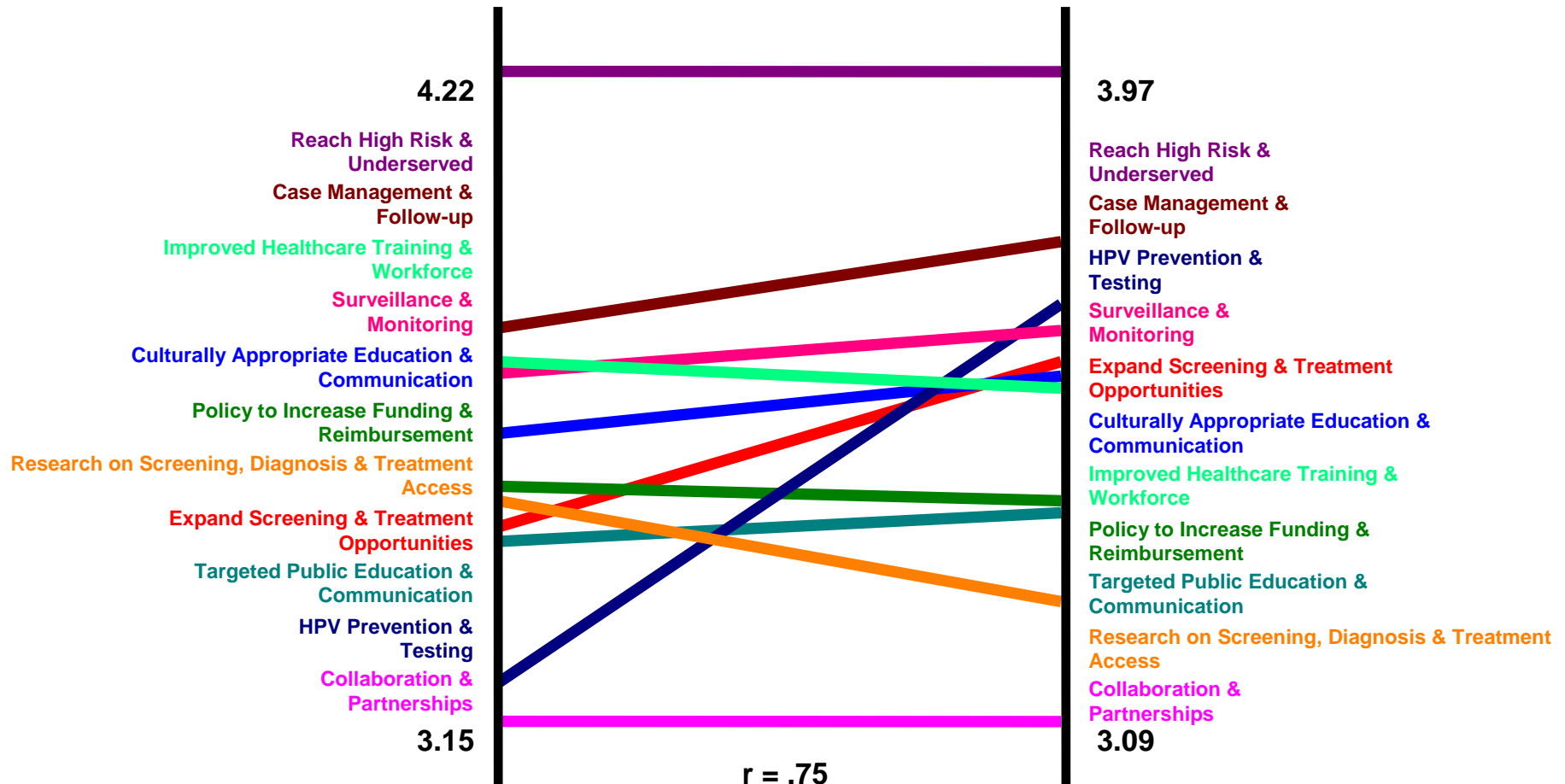
Provide educational materials and referral systems in county offices, WIC programs, waiting rooms and other public places (101)

Promote sister to sister, daughter to mother, nieces to aunt communication campaign (106)

Provide low literacy information on radical hysterectomy, chemotherapy, radiation (107)

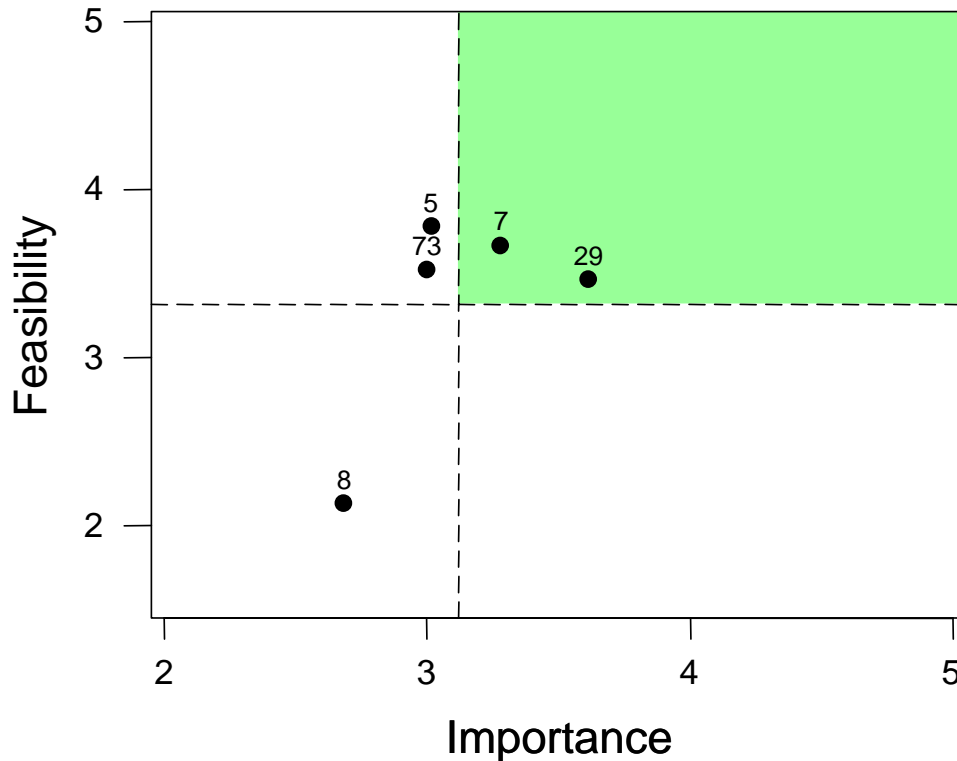
# Importance: Primary or Secondary Client Base is Black or Mexican/Chicano/Other Hispanic

Importance: Service to Black Not Hispanic      Importance: Service to Mexican/Chicano/Other





# Collaboration & Partnerships



Encourage CIS partnerships to focus more attention on cervical cancer. (5)

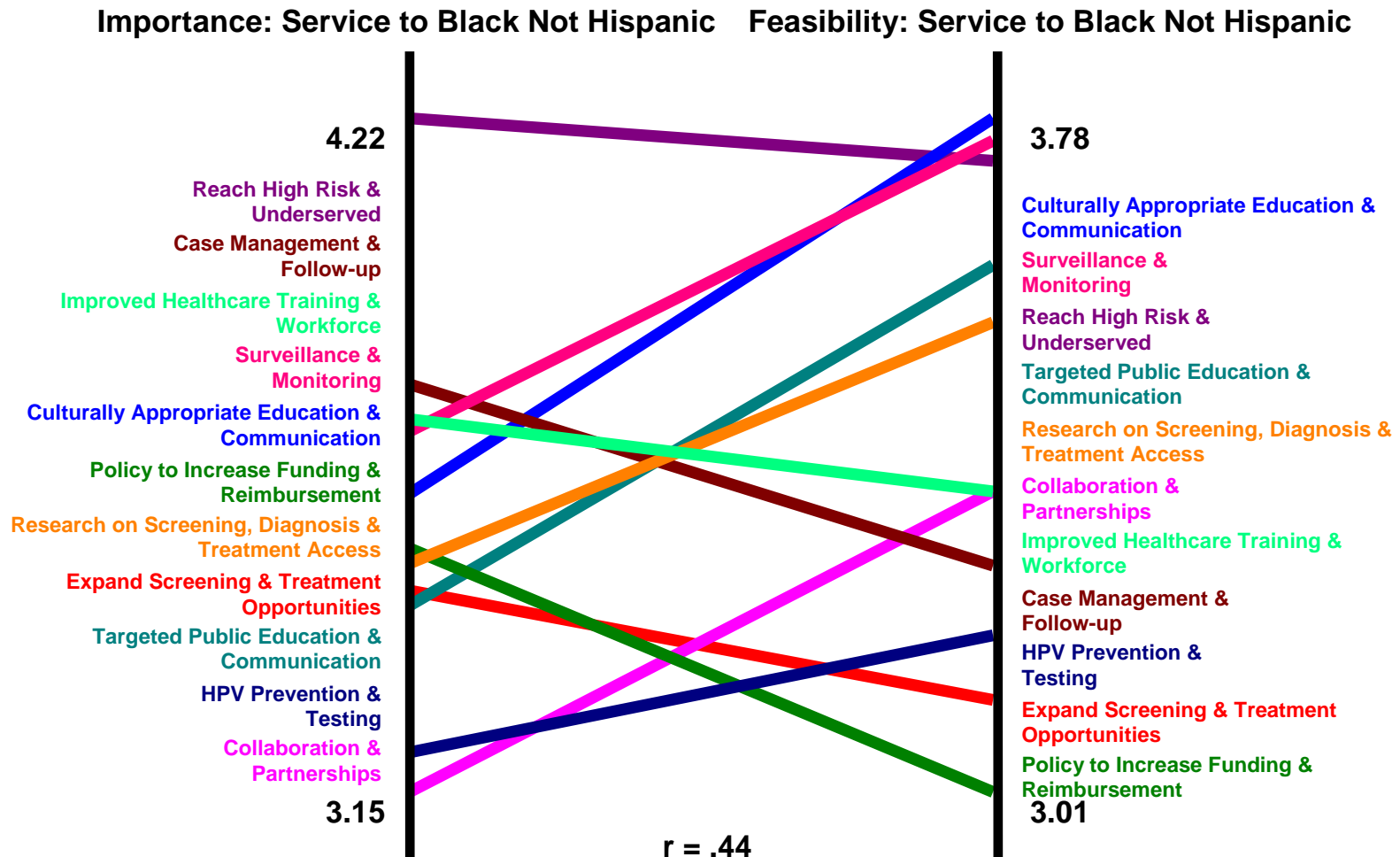
**Develop Community Advisory Board of local leaders and health professionals to identify community strategies. (7)**

Collaborate with Mexico regarding screening and follow-up of women who migrate to and work in US (8)

**Encourage cancer centers, academic institutions and community-based organization to work towards the common goal (29)**

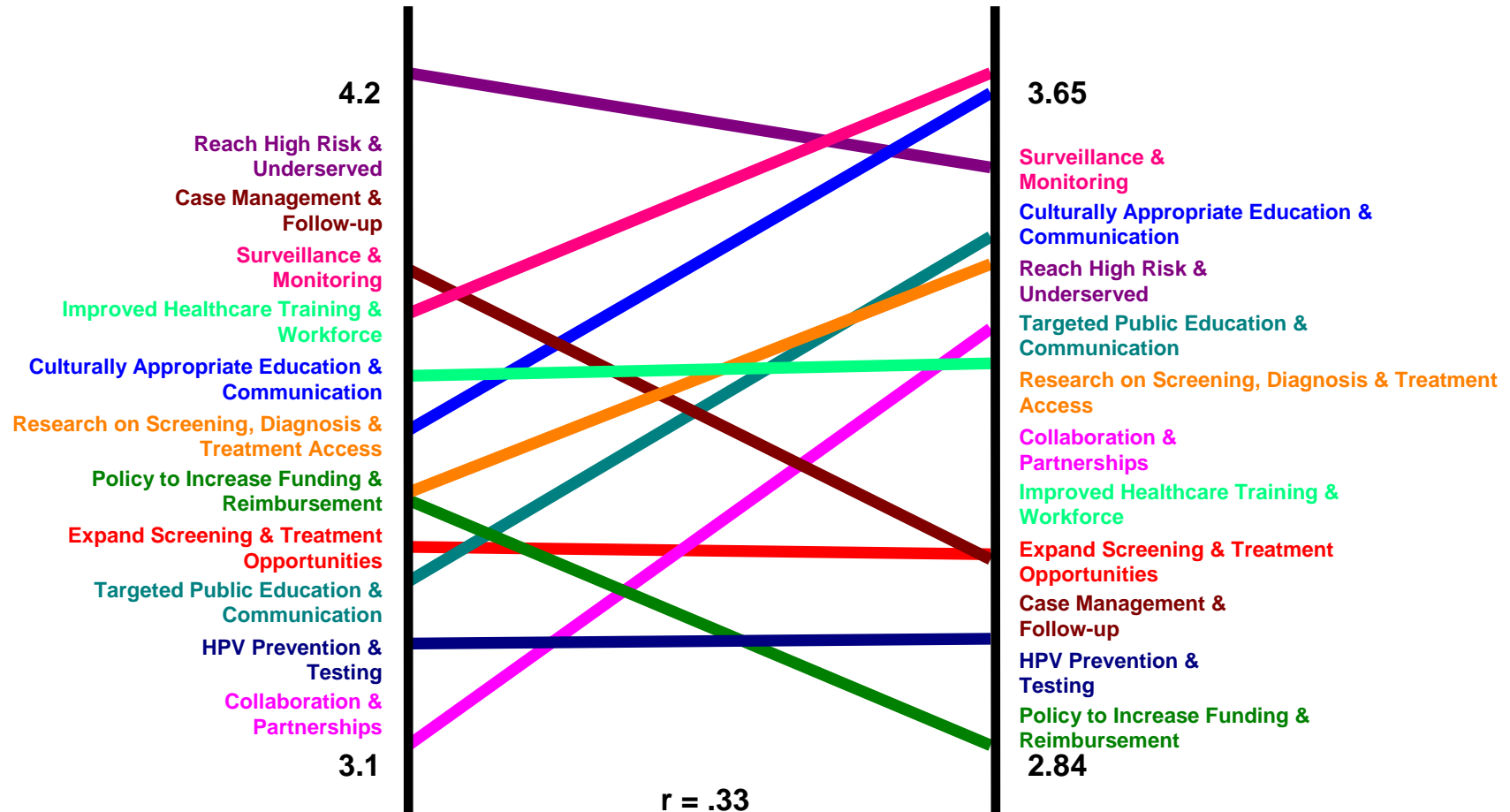
Provide support groups for women with cervical cancer. (73)

# Importance/Feasibility: For Organizations Whose Primary or Secondary Client Base is Black Not Hispanic



# Importance/Feasibility: For Organizations Whose Primary or Secondary Client Base is White Not Hispanic

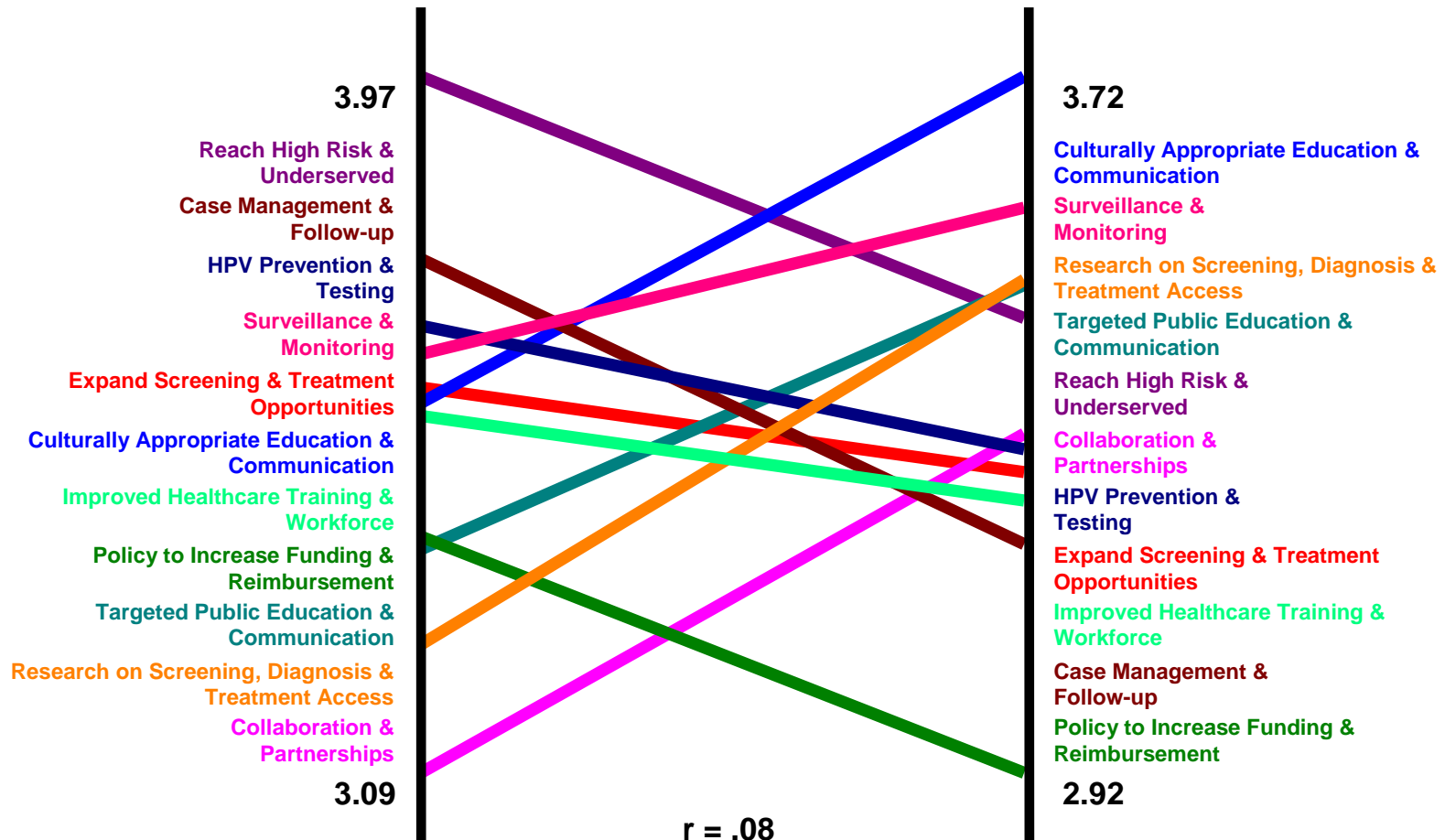
Importance: Service to White Not Hispanic    Feasibility: Service to White Not Hispanic



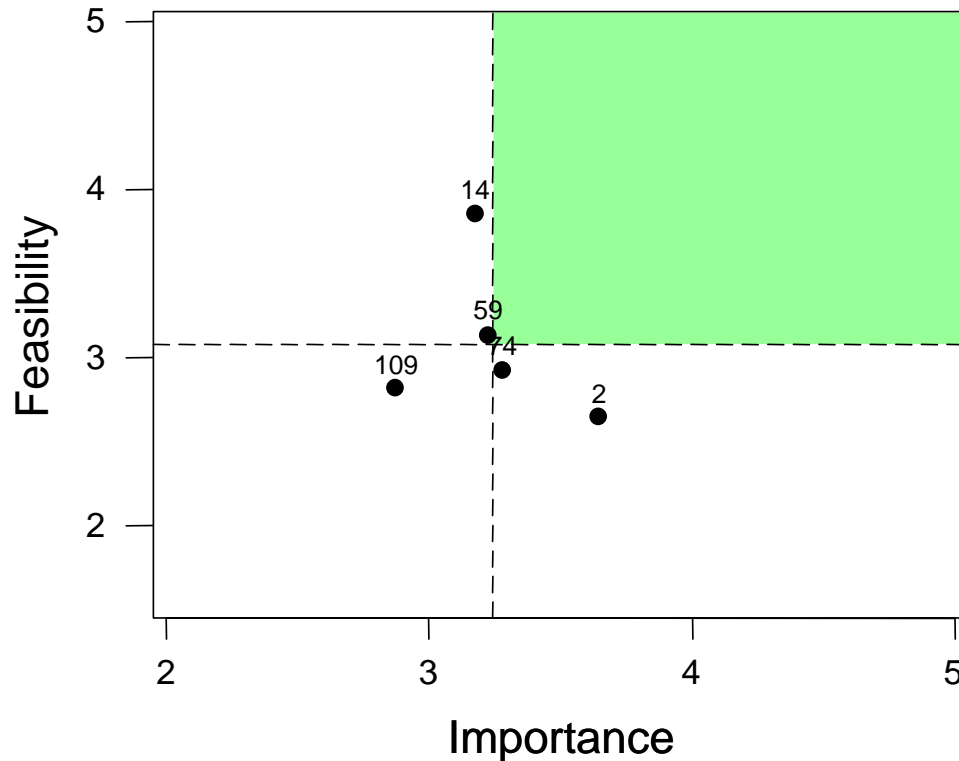
# Importance/Feasibility: For Organizations Whose Primary or Secondary Client Base is Mexican, Chicano, Other Hispanic

Importance: Service to Mexican/Chicano, Other

Feasibility: Service to Mexican, Chicano, Other



# HPV Prevention & Testing



Develop and administer a vaccine against HPV. (2)

Investigate cost/reimbursement of cervical cancer screening and diagnostic follow-up. (14)

Investigate factors with acceptability of possible prophylactic HPV vaccine among at-risk populations. (59)

Create a state registry of cervical cytology and histology results linked to clinical information and cancer registry. (74)

Test concept of self-administered HPV testing in select populations. (109)

# Working Session

- At your table
  - You have two clusters to review
  - The graphs describe ratings of importance and feasibility
- Review and discuss
  - Review the statements and identify the **high importance/high feasibility** (green zone)
  - Discuss with your colleagues
    - What are the **common themes** in these statements?
    - What **obstacles** exist now to fulfilling each statement in the green zone?
    - What are some **potential actions** that can or could be taken, and **by whom**, to address this issue with action?
    - Look at the statements in the **other quadrants**, especially the **lower right** (high importance/low feasibility) and comment on these as well.
- Prepare to briefly share your key points with the large group